



1 of 3

Report No. T/20201209/2103

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

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1127 0111 01	,,,,,,,,,,,,						
Date/Time Report Made:		Vide Report No.:	Station Diary No.:				
09/12/2020			1	73			
USITZIZUZ	7 10.00						
Informant	's Particul	ars	生物。因而自治疗生物生产的生物				
Name of Ir	nformant:		Address:				
MOHAMAD NORAHFARIZA BIN		NO 43 JALAN DESA RHU 21	NO 43 JALAN DESA RHU 21 TAMAN DESA RHU SIKAMAT				
JAFAR			70400 SEREMBAN NEGERIS	SEMBILAN			
ID Type / I	D No.:		Contact No.:				
		Home/Office: Mobile: 82893225					
891221085	5557	,					
Nationality:			Email:				
MALAYSIA	N						
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	30	21/12/1989	Driver				
Race:	<u> </u>		Language:	Institution / School Name:			
Malay							
Occupation	1:		Driving Licence Information:	-			
Other heavy truck and lorry drivers		d lorry drivers	Class: Date of Expiry:				
	-		1				

General Informat	ion of the Accident				ing	
Type of Accident:	Non-Injury Others		Drink Drive: No	Date/Time of Accident: 02/12/2020 13:0	5	Type of Location: Car Park
Location:						
SENOKO WAY						
Weather:		Road	Surface:		Road	d Speed Limit:
Traffic Flow:		Traffic	Control:		Traff	îc Volume:
Type of Collision:						one conveyed by ulance:

Details of Vo	ehicle involved		The state of the s		THE ROLL CONTRACTOR OF THE SECOND	
Vehicle No.	Туре	Make	Model	Color-	Condition	No of Passenger
BKW6975	Lorry	•			Slightly	0
					Damaged	





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CONTINUATION OF REPORT

Brief Details.

On the 02/12/2020 at about 1305 hrs, I was at NTUC FOODFARE COOPERATIVE PTE LTD (10 Senoko Way) to deliver goods. After the delivery, I wanted to exit the compound. Upon exiting the loading bay, the path was very narrow so it was quite difficult for me to pass through thus my vehicle (BKW6975) lightly grazed one of the pillars of the compound. No one was injured. I am making this report for insurance purposes.





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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Record	ling The Report:		Signature Of Informant:		
J / SC2 CALEB VINCENT CAE	BASISI CAMAG (a)	22			
SC2 CALEB VINCENT CAR	SASISI CAIVIAG CAY	====	» Mu		
Signature Of Interpreter:		1	Date/Time:		
Not applicable			09/12/2020 16:55		
Officer In Charge Of Case:			Classification Of Case:	·	
Staff Sgt WONG SIEU LUI					
Contact No.: 65476151	SHOW BURE FUNCE		:		
Authentication Stamp	Section of the section of the section				
NP168	Calo	7			
	GRONA	ar Europa Grobbar			•