



T/20230110/2059

1 of 3

Report No. T/20230110/2059

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 10/01/2023 14:09 | | | Vide Report No.: | | Station Diary No.: | |
|---|-------------|------------|---|-------------|--------------------|--|
| Informant | 's Particul | ars | | | | |
| Name of Informant: | | | Address: | | | |
| MUHAMMAD SHAMSUL HANIZAM | | | Blok A G01-17 Villa Krystal Apartment Jalan Selesa Jaya | | | |
| BIN KADIF | ? | <u> </u> | 81300 JB | | | |
| ID Type / ID No.: | | | Contact No.: | | | |
| FIN NO / G8794746M | | | Home/Office: Mobile: 0196928281 | | | |
| Nationality: | | | Email: | | | |
| MALAYSIAN | | | | | | |
| Sex: Age: Date of Birth: | | | Type of Informant: | | | |
| Male | 28 | 12/02/1994 | Rider | | | |
| Race: | | | Language: | Institution | School Name: | |
| Malay | | | English | 10 | 37 | |
| Occupation: | | | Driving Licence Information: | | | |
| Other manufacturing labourers and | | | Class: | Date of Ex | piry: | |
| related workers | | | | | | |

| General Inforr | nation of the Accident | | eri alam Dispersion | | |
|---|---------------------------------|-------------------------|---|------------------------------------|--|
| Type of Accident: | Injury Conveyed By Ambulance | Drink e Drive: No | Date/Time of Accident: 10/01/2023 06:00 | Type of Location: Straight Road | |
| Location: | | | 4.5 | | |
| MARSILING L | ANE | | | | |
| Weather: Road | | oad Surface: | | Road Speed Limit: | |
| Clear Dry | | y | reading consequences | | |
| Traffic Flow: Traffic | | affic Control: | | Traffic Volume: | |
| Two Way | No | t Controlled | | No Traffic | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|--------|-------|--------|-----------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| JTL3910 | Motorcycle | YAMAHA | | Silver | Seriously | 0 |
| | | *1.4/* | | | Damaged | 7 |
| SH8217Y | TAXI | 18 | | | Slightly | 0 |
| | | | 1.4 | | Damaged | |

| Details of Person Involved | | | | |
|---------------------------------|--------------------------------|--|--|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | | | |





2 of 3

Report No. T/20230110/2059

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

CONTINUATION OF REPORT

| Rider | | 11 | | | | |
|--------------------------------------|---------------------------------------|----|-----------|--------------------------------------|--------|-----------------------------------|
| Name | MUHAMMAD SHAMSUL HANIZAM BIN KADIR | | | ID No | • | G8794746M |
| Related Vehicle | JTL3910 (Motorcycle) | | | Conta | ct No. | 0196928281 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | | | Class Driving Licent Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | 10/01/2023 Date | | | harge | 10/01 | 1/2023 |
| No. of Days granted Medical Leave 02 | | | Degree of | Injury | Sligh | t |

Brief Details.

On the 10/01/2023 at about 0600hrs, i was traveling along Marsiling Lane heading towards Admiralty Road. Out of a sudden a taxi exiting from Blk 16 Marsiling Lane carpark drove cutting into my lane as it was making a right turn however the vehicle made a sudden stop on road. I applied all my brakes however to no avail that i collided to the right side of the vehicle. I fell on the road and was in shock and pain. Ambulance came to scene and conveyed me to hospital. I was not able to get any particulars of the driver





3 of 3

Report No. T/20230110/2059

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027

Tel No: 1800-3689999

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 Recording The Report: | Signature Of Informant: |
|---|-----------------------------|
| SGT 2 ELTON DE LAURE | 100 |
| Signature Of Interpreter: Not applicable | Date/Time: 10/01/2023 14:09 |
| Officer In Charge Of Case: TP / GIT / | Classification Of Case: |
| SR STAFF SGT MUHAMMAD GHAZALI BIN | |
| ABDUL RAZAK | |
| Contact No.: 86865089 ⁴ | |
| 65470000 | |

NP168