



1 of 3 Report No. T/20230313/2103

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

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

				Station Diary No	
Date/Time Report Made: 13/03/2023 21:33			Vide Report No.: J/20230313/0099	188	
Informa	nt's Particu	ulars		100 March 100 Ma	
Name of Informant: LIM ENG KUNG			Address:		
ID Type / ID No.: FIN NO / G8592070M			Contact No.: Home/Office:	Mobile: 93968332	
National MALAYS	CO. T. CO. S. C.	Squested that I local	Email:	n no estudul (seguetares e se de f	
Sex: Male	Age: 28	Date of Birth: 10/11/1994	Type of Informant: Rider	Institution / School Name:	
Race: Chinese			Language:	Institution / School Hame.	
Occupation: Warehouse worker			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2023 18:00	Type of Location: Straight Road	
Location: PIONEER RO	AD NORTH				
PIONEER RO	ADNORTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

THE RESERVE AND PARTY AND PARTY AND PARTY.	ehicle Involve	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Widito			Slightly	0
FBJ8932G	Motorcycle					U
					Damaged	
ITDOIAA	Mataravala				Slightly	0
JTD3114	Motorcycle				Damaged	





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CONTINUATION OF REPORT

Brief Details.

JTD3114 (V1)

FBJ8932G (V2)

On the above-mentioned date and time I was travelling along Pioneer Rd north splitting between lane 2 and lane 3. Traffic was slow as there was a jam ahead. Suddenly out of nowhere, V2 came out of the gaps from lane 2 and I could not stop on time. I then collided onto V2 and fell of the road and skidded to the rear of a bus.

Passersby called for ambulance and police. The police then requested that I lodge a police report. I have sustained injuries on my right leg, right arm, left hand and also my back.

I will be proceeding to a hospital later to make a check.





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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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SGT 3 MOHAMED AMIN ARAFA
BIN MOHAMED BASHEER

Signature Of Informant:

Date/Time:
13/03/2023 21:33

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT ABDUL RAHIM BIN SALIM
Contact No.: 65476904

Signature Of Informant:

Classification Of Case:

Classification Of Case: