



# SINGAPORE POLICE FORCE

## CONFIRMATION RETURNS OF VEHICLES

Collection of Vehicle Registration No:

FE 8337

Name:

ATTENBOROUGH JODY JARROD  
870123803  
Blk 312 Sembawang Dr.  
#15-492 Singapore 750312

NRIC / FIN NO:

☐

Owner

☒

Authorised Person

Address:

Postal District:

Mobile Phone:

82986622

Home Telephone:

Signature:

Tow Truck Vehicle No:

GBD 94766

Tow Truck Company:

Speed Towipb

This is to confirm that this vehicle has been returned to the above mentioned person vide the Notice to collect vehicle.

Case Property Register No:

1429/23

Date Of Accident:

20/3/23

Investigation Officer In Charge:

T110042

IP NO:

Name, Rank, Service No

Traffic Police Vehicle Pound

517 Airport Road

Tel: 62807841 Fax: 6282804

Date:

20/3/23

Time:

14:54



# SINGAPORE POLICE FORCE



T/20230320/2073

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20230320/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/03/2023 16:08	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: FIRDAUS BIN SARKIMAN			Address: C/O 2 TAN QUEE LAN STREET #02-00 SINGAPORE 188091		
ID Type / ID No.: FIN NO / G8580790R			Contact No.: Home/Office: Mobile: 91746520		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 24	Date of Birth: 08/08/1998	Type of Informant: Rider		
Race: Malay			Language:		
Occupation: FRONTDESK HOUSEKEEPING			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/03/2023 08:35	Type of Location: EXPRESSWAY
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FE8337	Motorcycle				Slightly Damaged	0
SHB4338U	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



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370054  
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Report No. T/20230320/2073

**CONTINUATION OF REPORT**

Rider			
Name	FIRDAUS BIN SARKIMAN	ID No.	G8580790R
Related Vehicle	FE8337 (Motorcycle)	Contact No.	91746520
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/03/2023	Date Discharge	20/03/2023
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

On the 20/03/2023 at about 08:35am, I was riding my motorcycle, travelling along BKE heading towards City direction, just before Mandai Road exit.

I was travelling on the first lane from the right. During which, a blue ComfortDelGro taxi from the left lane then suddenly switched to the right into my lane without noticing me. As such, we side swipe onto each other causing the accident to happen. I couldn't remember exactly how I had fallen off my bike. I only recall rolling on the road surface. I suffered injuries on both my hands, left leg and left ankle due to the accident.

The taxi driver then assisted me to call for Ambulance due to my injuries. We did not manage to exchange particulars or contact as I had to be conveyed to the hospital by Ambulance. The taxi driver claimed to have in-vehicle recording footage of the accident.



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T/20230320/2073

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**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

G /

SGT 3 MUHAMMAD KASYIDI

BIN KADIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/03/2023 16:08

Officer In Charge Of Case:

TP / GIT /

STAFF SGT ROIZMAN BIN MOHAMED

POSARI

Contact No.: 65476131

Classification Of Case:



**SIJIL CUTI SAKIT**

Dengan ini saya mengesahkan bahawa saya telah  
memeriksa Encik/Cik/Puan Firdaus Bin  
Sarkiman (980808-56-5079)  
dari Kementerian/Jabatan Yay. Berkenaan

dan mendapati yang beliau:

- (a) Tidak sihat untuk menjalankan tugasnya  
dengan sempurna selama satu (1) hari  
daripada 22/3/23 hingga -
- (b) Boleh bertugas semula pada.....
- (c) Beliau dikehendaki datang semula untuk  
pemeriksaan pada .....

[Potong (b) atau (c) mengikut mana yang tidak  
berkenaan]

22/3/23  
Tarikh

DR. [Signature]  
(Tandatangan)  
Pegawai Perubatan

Klinik/Hospital  
(Cop Rasmi)

Nama  
(Huruf Besar)