

Plaintiff

SK0L224I000G / KAN FOOK SING MOTOR WORKSHOP [539147]  
ENTRY DATE & TIME: 18/04/2022 16:29 (SGT)  
SUBMITTED BY: LEK YEE KHENG  
VERSION: 1 (18/04/2022 16:29 (SGT))

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission	18/04/2022 16:29 (SGT)
Date of Accident	16/04/2022 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVE 4
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS4950H
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN XINDA EDMUND
NRIC No	S9603530F
Email Address	EDMUNDTAN-ROCK@HOTMAIL.COM
Mobile Phone No	(Phone) +65-87646773
Alternative Phone No	(Home) +65-87646773

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-15
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5122126144
Cover Note Number	-

### DRIVER

Name of Driver	TAN XINDA EDMUND
NRIC No	S9603530F

Date Of Birth	18/01/1996
Occupation	Indoor
Date Of Driving Pass	05/05/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87646773
Alt. Phone Number	(Home) +65-87646773
Email Address	EDMUNDTAN-ROCK@HOTMAIL.COM
Address	BLK 238 COMPASSVALE WALK #11-550 S540238
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Is notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHED POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD7532Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	TAN XINDA EDMUND
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
jured person in which vehicle?	FBS4950H
are seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

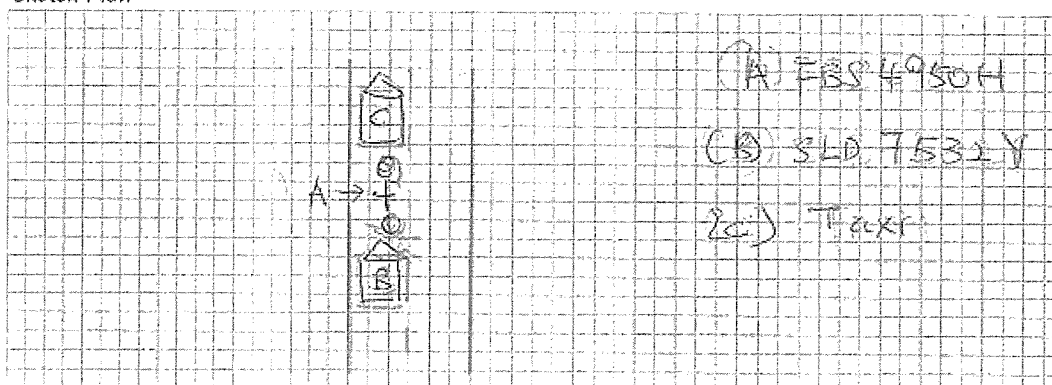
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to re-putate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that :  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
Policyholder's Signature / Date & Time

*[Signature]*  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel

## **Sketch Plan**



## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel

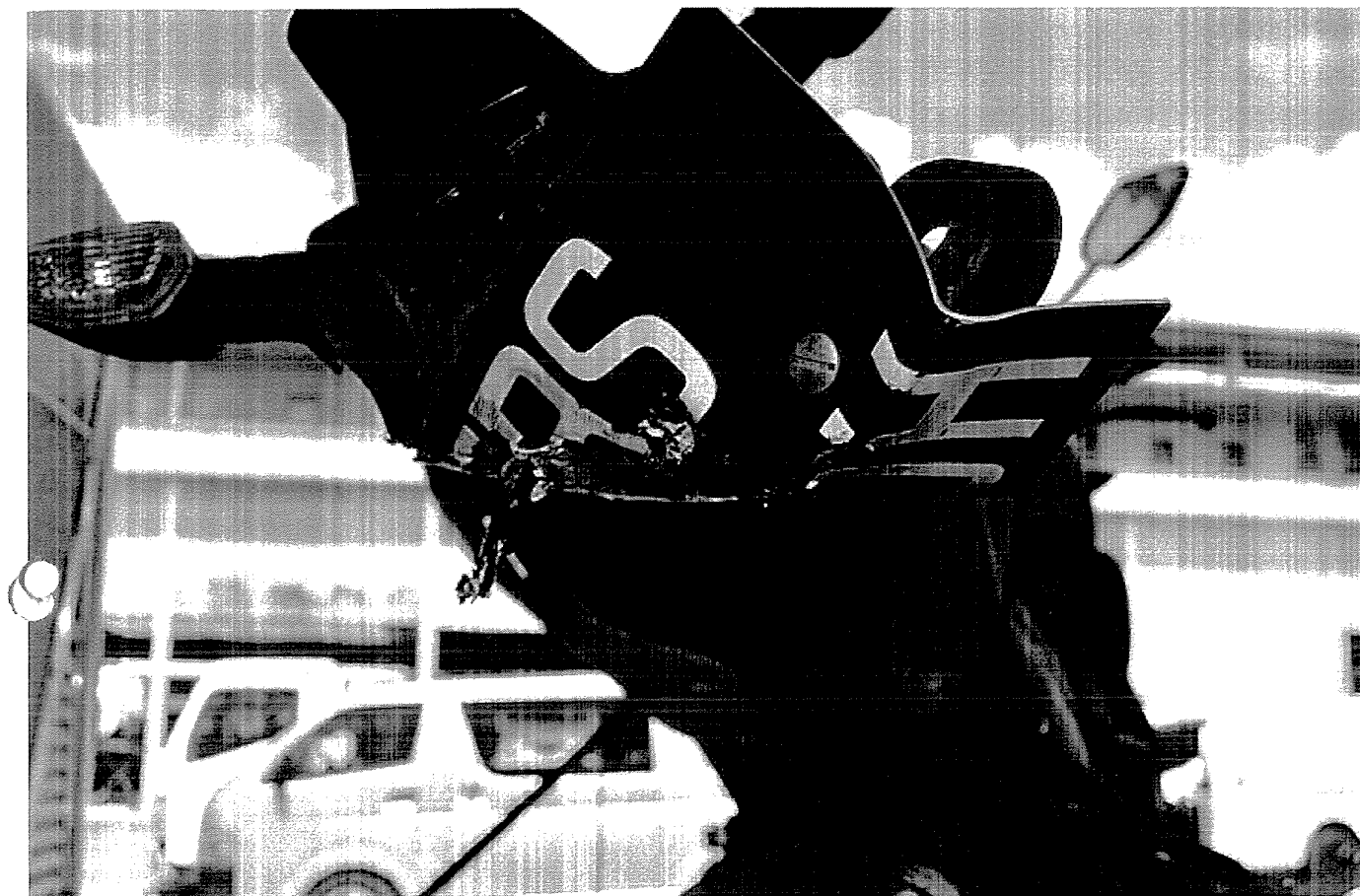


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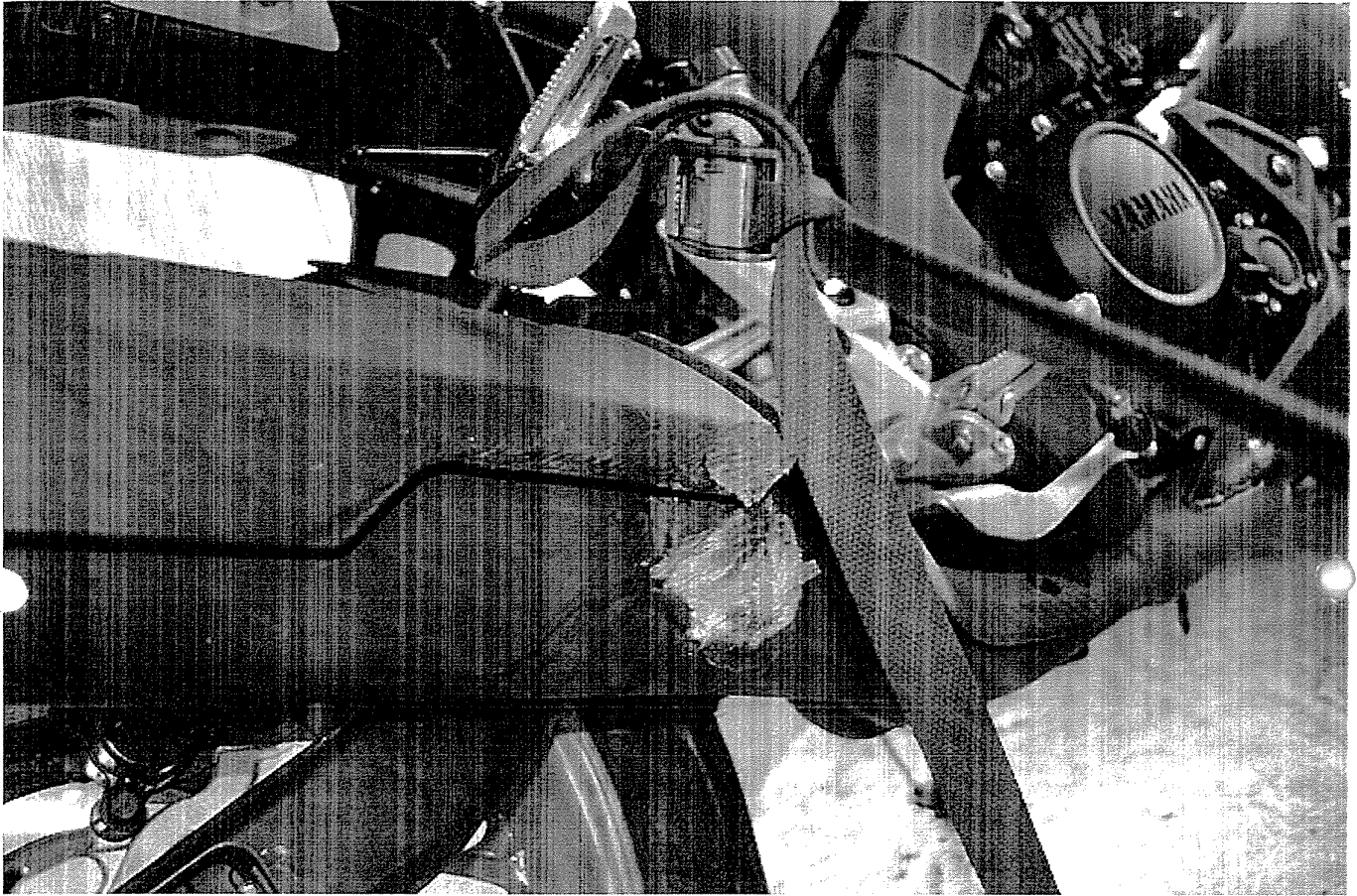


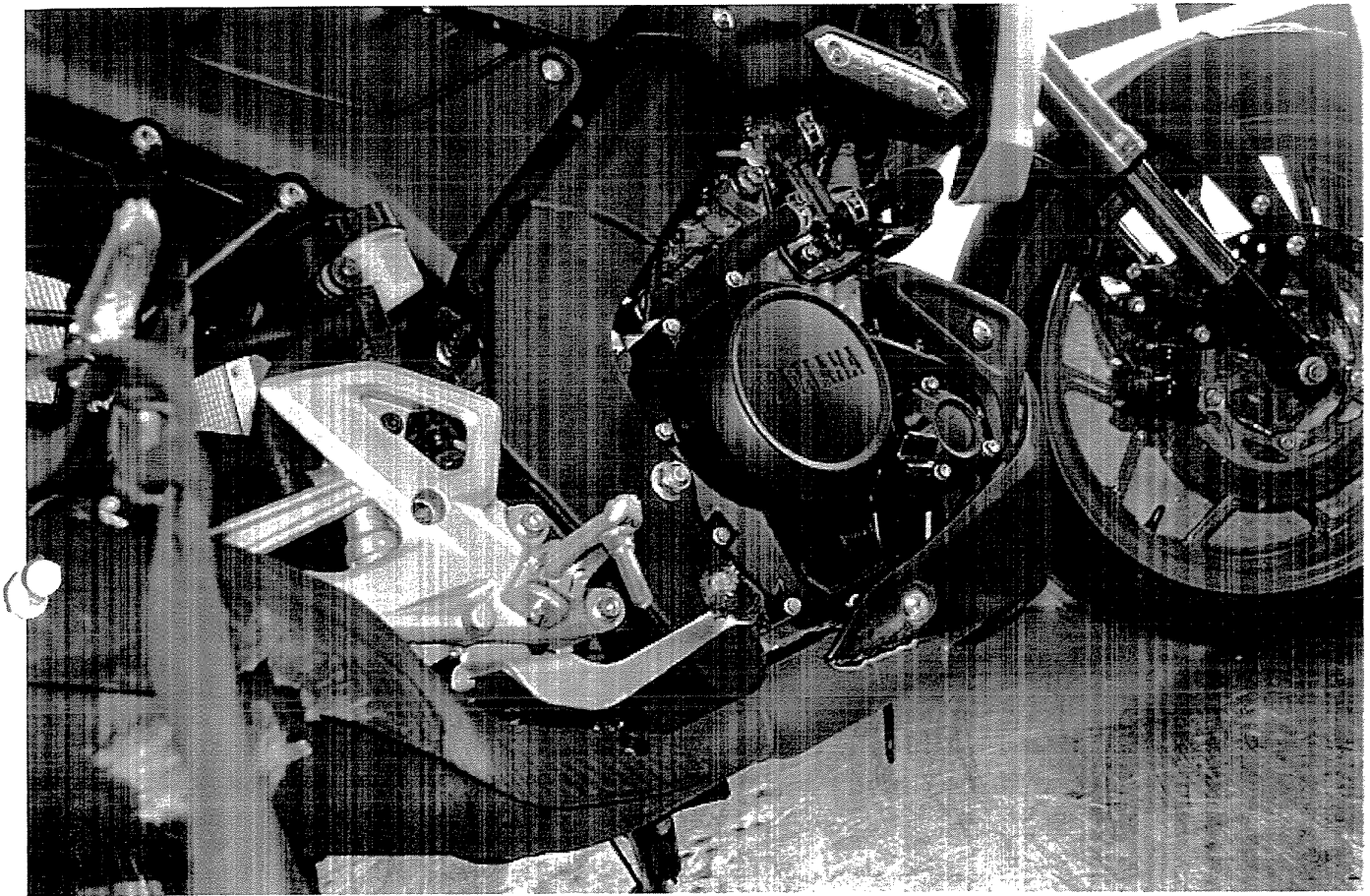




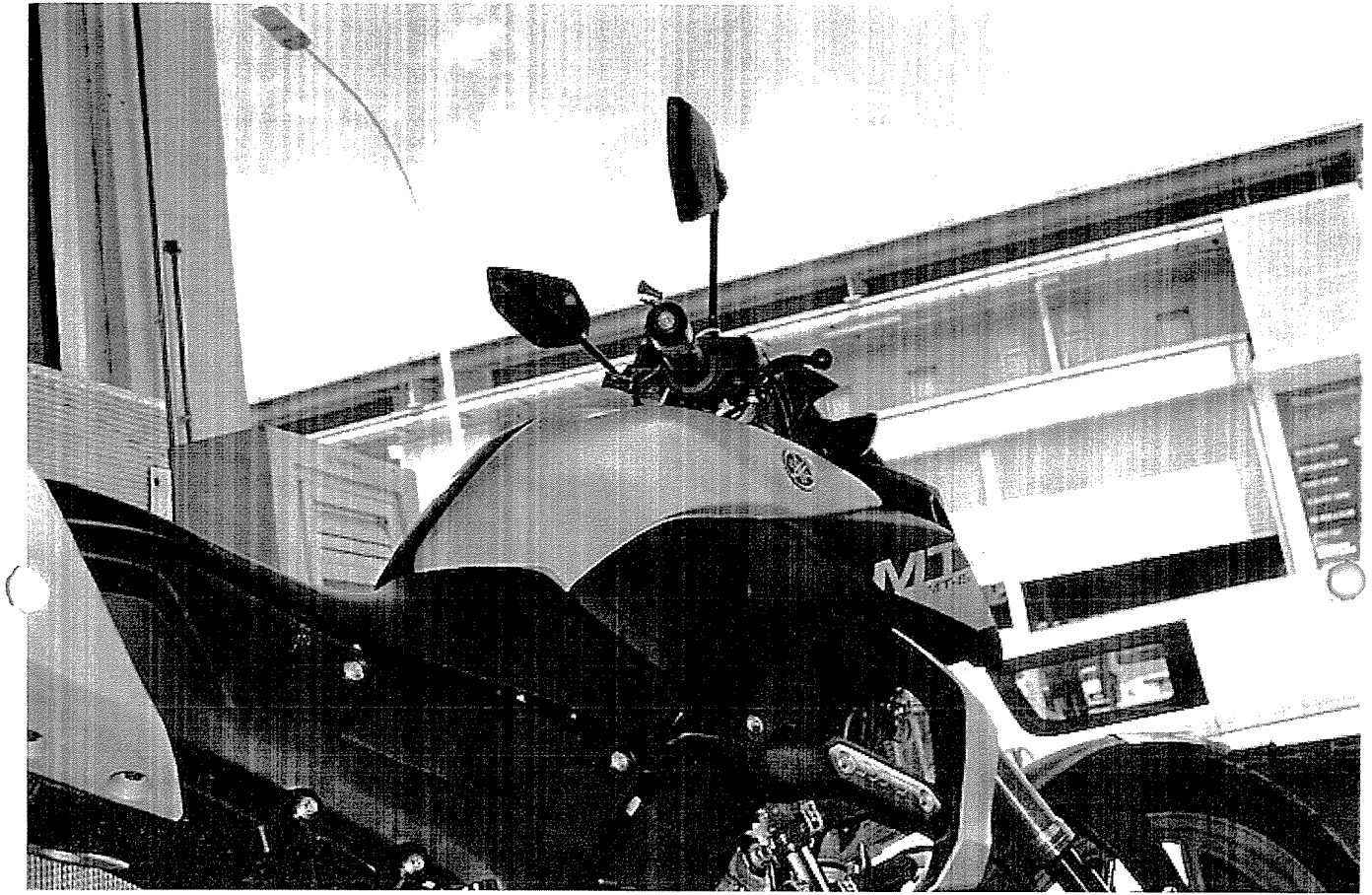


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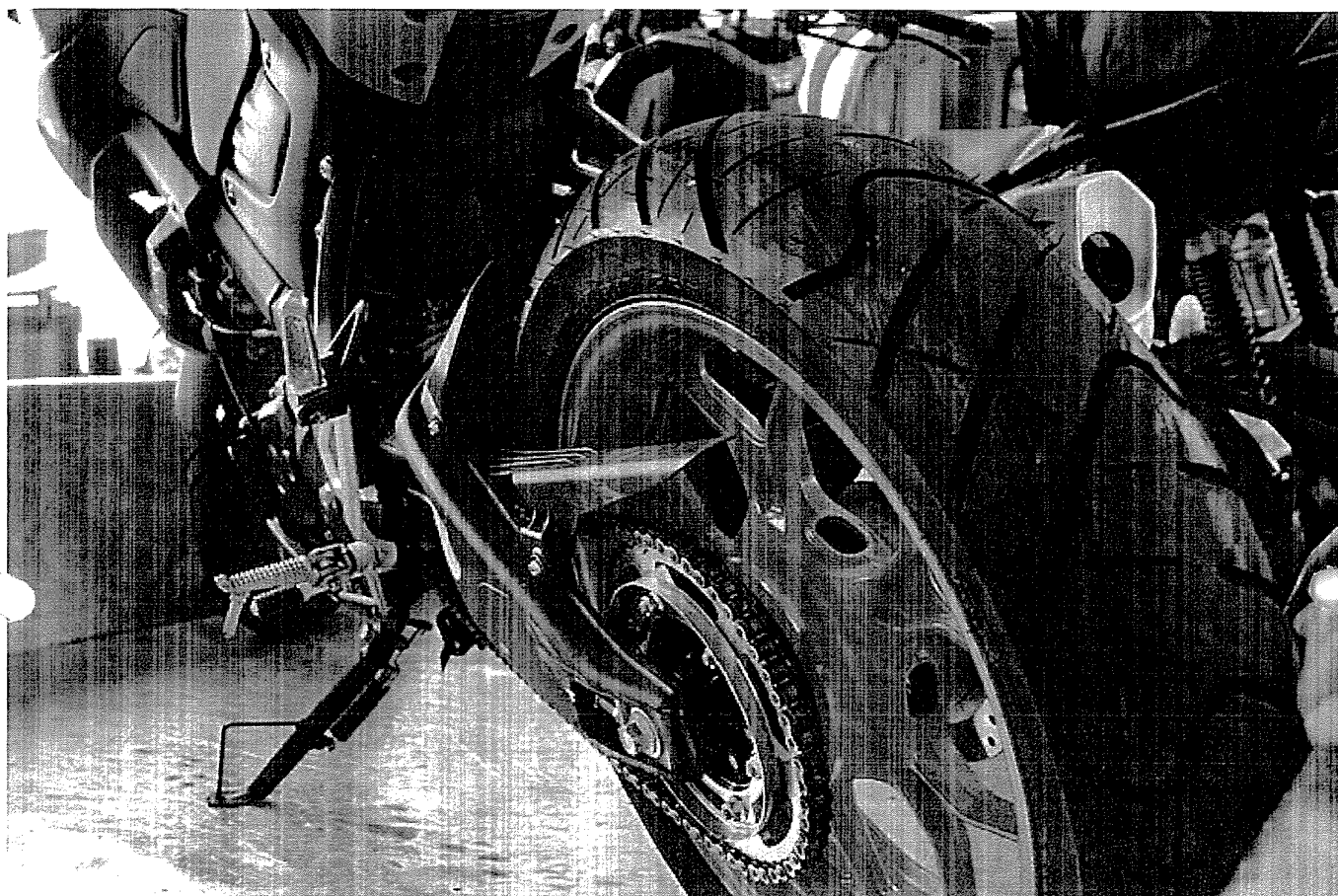
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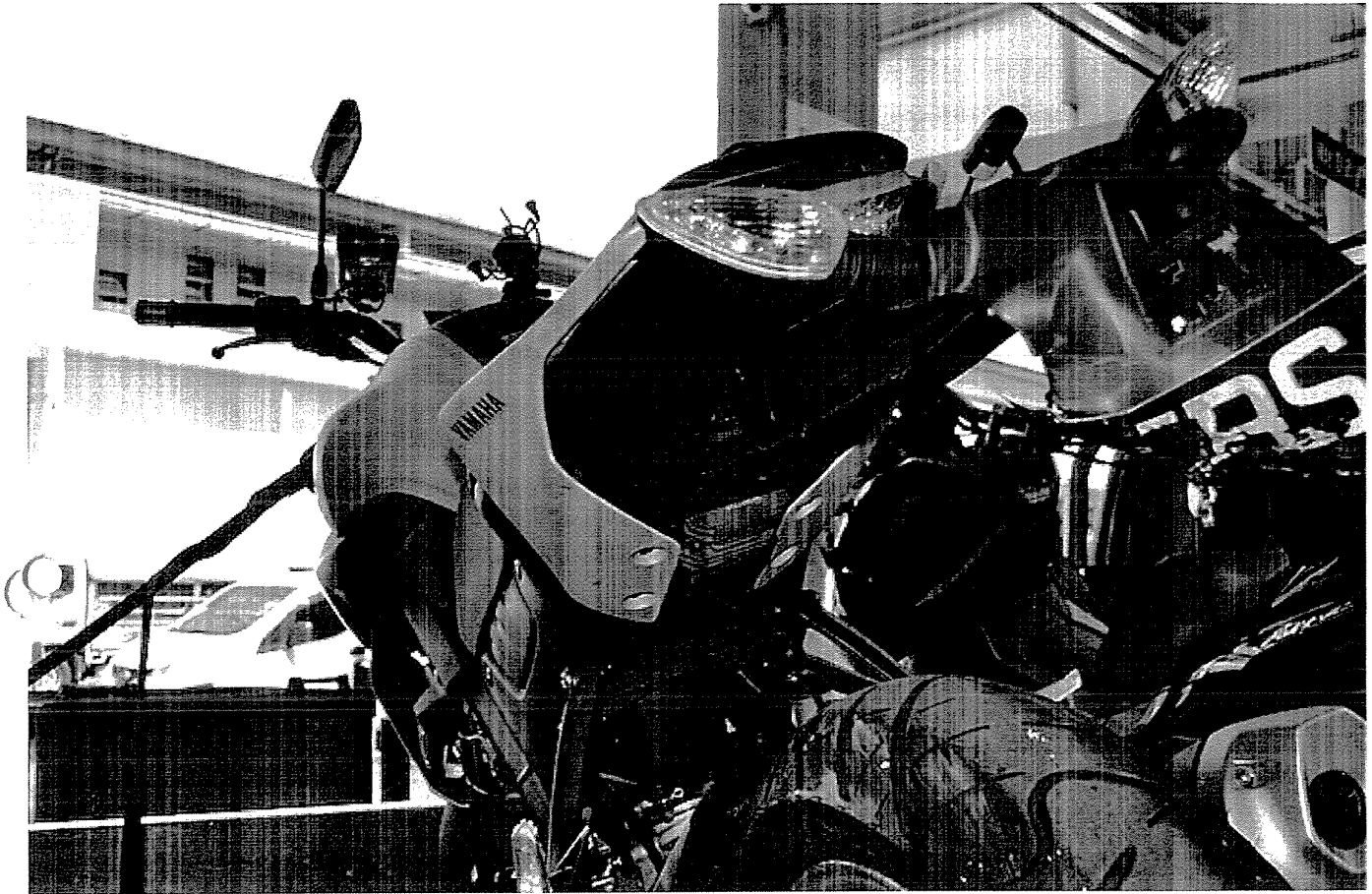




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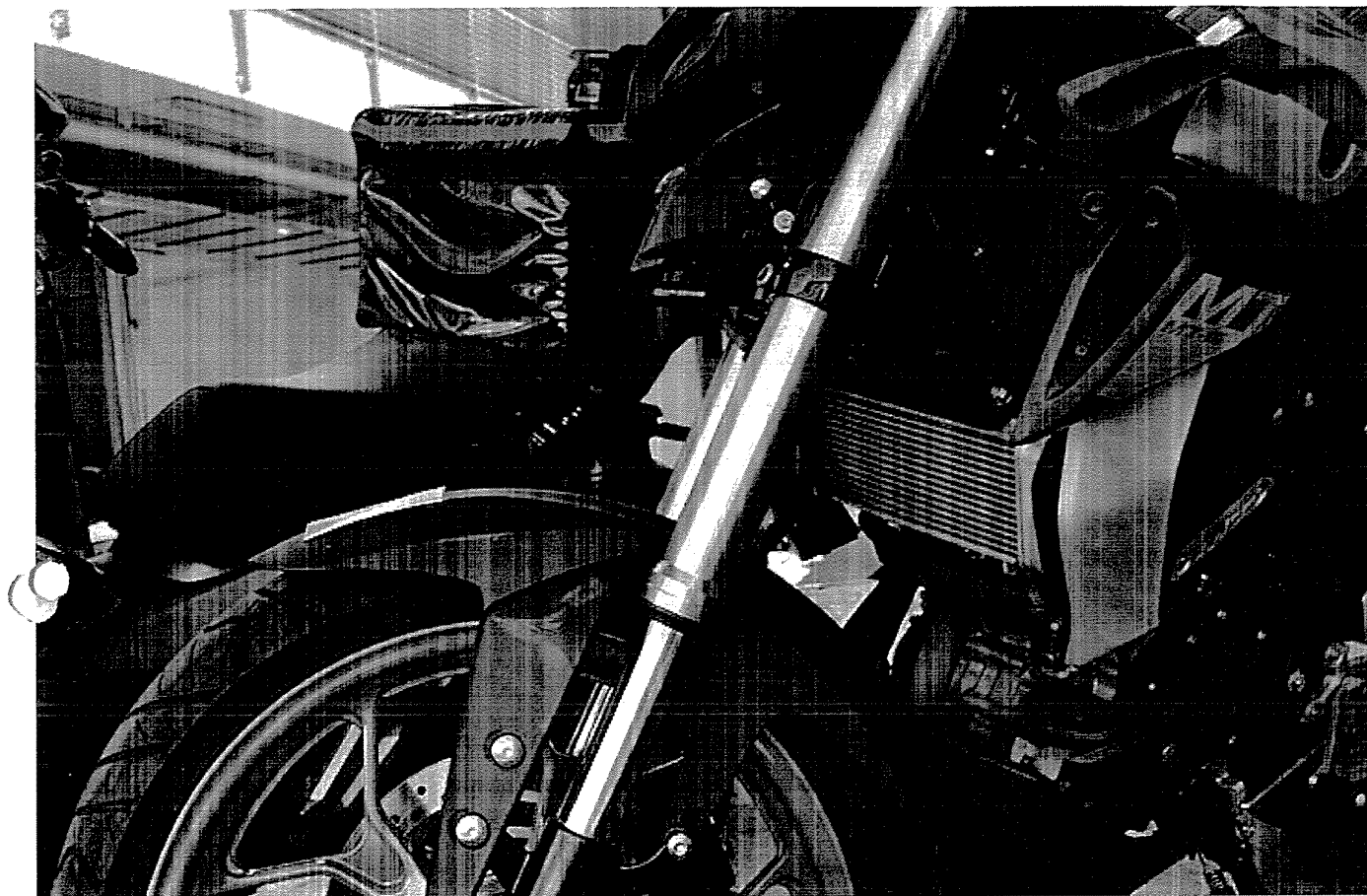


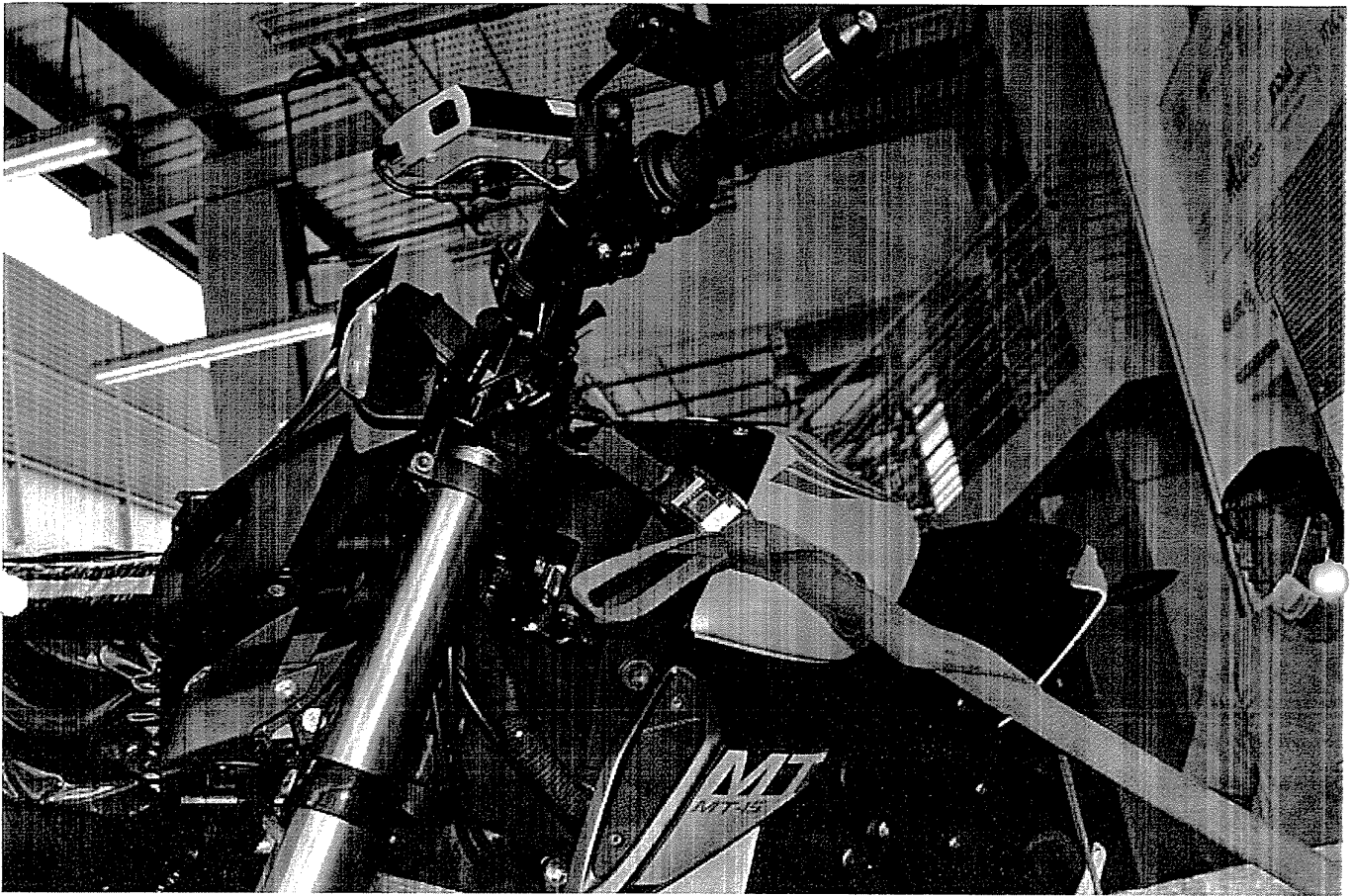
















SINGAPORE  
POLICE FORCE



T/20220416/2037

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20220416/2037

## 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:

F /

Other MUHAMMAD SYAHIRAN  
BIN BADARRUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/04/2022 13:10

Officer In Charge Of Case:

TP / GIT /

SGT 2 DAVID YAP

Contact No.: 65476135

Classification Of Case:

NP165





**SINGAPORE  
POLICE FORCE**



T/20220416/2037

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3  
Report No. T/20220416/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/04/2022 13:10	Vide Report No.:	Station Diary No.: 80
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**Informant's Particulars**

Name of Informant: TAN XINDA, EDMUND			Address: APT BLK 238 COMPASSVALE WALK #11-550 SINGAPORE 540238	
ID Type / ID No.: NRIC NO / S9603530F			Contact No.: Home/Office: Mobile: 87646773	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 18/01/1996	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Electrical engineer			Driving Licence Information: Class: 2B.3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/04/2022 10:25	Type of Location: Straight Road
Location:  HOUGANG AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4950H	Motorcycle	YAMAHA	MTN155	Grey	Slightly Damaged	0
SLD7532Y	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS4950H	NTUC Income Insurance Co-Operative Limited	5122126144	10/05/2021	09/05/2022



**SINGAPORE  
POLICE FORCE**



T/20220416/2037

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20220416/2037

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN XINDA, EDMUND	ID No.	S9603530F
Related Vehicle	FBS4950H (Motorcycle)	Contact No.	87646773
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B, 3, 3A Date of Expiry: NIL
Date Treatment	16/04/2022	Date Discharge	16/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 16/04/2022 at about 1025hrs, I was riding my motorcycle FBS4950H along Hougang Avenue 4. Upon approaching the traffic light junction in front of bus stop 64609, I stopped my motorcycle behind a taxi. Suddenly, another vehicle SLD7532Y collided onto my motorcycle from my rear. Due to the impact, I fell off my motorcycle and sustained abrasions on my right knee and left elbow.

A passerby who did not witness the accident as he only heard the crash and only saw me lying on the road, came forward and assisted me to sit at the side and advised me to call for the ambulance. I briefly talked to the other driver whose vehicle collided onto my motorcycle, but I could not remember the details as I was in shock.

The traffic police and ambulance came down. The ambulance conveyed me to Sengkang General Hospital. I was given 3 days MC due to the accident. Traffic police also advised me to lodge a traffic accident report. My motorcycle has also been towed away by TP.

I wish to state that right after the accident, I did notice that the taxi driver came out of his taxi, and he left subsequently. I do not know what had done when he came out of his taxi, but he came back to speak to the traffic police officer.



**SINGAPORE  
POLICE FORCE**



T/20220416/2037

Plaintiff

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

1 of 3

Report No. T/20220416/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/04/2022 13:10		Vide Report No.:		Station Diary No.: 80
<b>Informant's Particulars</b>				
Name of Informant: TAN XINDA, EDMUND		Address: APT BLK 238 COMPASSVALE WALK #11-550 SINGAPORE 540238		
ID Type / ID No.: NRIC NO / S9603530F		Contact No.: Home/Office: Mobile: 87646773		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 26	Date of Birth: 18/01/1996	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Electrical engineer		Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/04/2022 10:25	Type of Location: Straight Road
Location:  HOUGANG AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4950H	Motorcycle	YAMAHA	MTN155	Grey	Slightly Damaged	0
SLD7532Y	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBS4950H	NTUC Income Insurance Co-Operative Limited	5122126144	10/05/2021	09/05/2022

**SINGAPORE  
POLICE FORCE**

T/20220416/2037

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20220416/2037

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	TAN XINDA, EDMUND	ID No.	S9603530F
Related Vehicle	FBS4950H (Motorcycle)	Contact No.	87646773
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3,3A Date of Expiry: NIL
Date Treatment	16/04/2022	Date Discharge	16/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

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A passerby who did not witness the accident as he only heard the crash and only saw me lying on the road, came forward and assisted me to sit at the side and advised me to call for the ambulance. I briefly talked to the other driver whose vehicle collided onto my motorcycle, but I could not remember the details as I was in shock.

The traffic police and ambulance came down. The ambulance conveyed me to Sengkang General Hospital. I was given 3 days MC due to the accident. Traffic police also advised me to lodge a traffic accident report. My motorcycle has also been towed away by TP.

I wish to state that right after the accident, I did notice that the taxi driver came out of his taxi, and he left subsequently. I do not know what had done when he came out of his taxi, but he came back to speak to the traffic police officer.



**SINGAPORE  
POLICE FORCE**

T/20220416/2037

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20220416/2037

**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:

F /

Other MUHAMMAD SYAHIRAN  
BIN BADARRUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/04/2022 13:10

Officer In Charge Of Case:

TP / GIT /

SGT 2 DAVID YAP

Contact No.: 65476138

Classification Of Case:



Plaintiff



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5122126144

Cover : Third Party, Fire &amp; Theft

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle    | : FBS4950H          |
| Chassis Number                                      | : MH3RG7110000D1146 |
| 2. Name of Policyholder                             | : TAN XINDA, EDMUND |
| 3. Effective Date of Insurance                      | : 10 May 2021       |
| 4. Expiry Date of Insurance                         | : 09 May 2022       |
| 5. Persons or Classes of Persons entitled to drive# |                     |

## (a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

## 6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  
 (b) Use for food/parcel/other delivery services.

This Policy does not cover

- (a) Use for hire or reward.  
 (b) Use for racing, pace-making, reliability trial or speed-testing.  
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: TAN XINDA EDMUND
NAMED DRIVER (2)	: TAN LIANG TIONG
HIRE PURCHASE COMPANY	: H L CYCLE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 10 May 2021 15:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive





# SINGAPORE POLICE FORCE



T/20220416/2034

Def

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 3

Report No. T/20220416/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/04/2022 12:43		Vide Report No.: F/20220416/0112		Station 28
<b>Informant's Particulars</b>				
Name of Informant: PHILIP NG TECK SENG		Address: APT BLK 206 MARSILING DRIVE #10-286 SINGAPORE 730206		
ID Type / ID No.: NRIC NO / S1820189E		Contact No.: Home/Office: Mobile: 88007736		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 25/02/1967	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/04/2022 10:20	Type of Location: Traffic Junction
Location:  HOUGANG AVENUE 4		Certified True Copy pursuant to Sec. 78 of the Evidence Act, Cap 97.		
Weather: Clear	Road Surface: Dry	Fauziah Ahmad (MX) Traffic Police		Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Date : - 2 JUN 2022		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4950H	Motorcycle				Seriously Damaged	0
SLD7532Y	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	White	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220416/2034

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 3

Report No. T/20220416/2034

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD7532Y	NTUC Income Insurance Co-Operative Limited	5122828947	06/07/2021	05/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PHILIP NG TECK SENG		ID No. S1820189E
Related Vehicle	NIL		Contact No. 88007736
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/04/2022 at about 1020hrs, I was driving my vehicle bearing registration number SLD7532Y along Hougang Avenue 4 Upp Serangoon Road. I am working as a grab driver. I was driving one female passenger to Hougang Street 61. I was driving on the inner lane at a speed of 40km/h. As I was approaching the traffic light, I was slowing down, I dropped something in the car and was distracted for a moment. Out of a sudden, I saw a motorcycle and I managed to e brake however I hit onto the motorcycle bearing registration number FBS4950H. The rider fell on the side and was injured. I stopped my vehicle and attended to him. The ambulance came and the rider was being conveyed to a hospital. Traffic Police was also present and issued me a case card and told me to lodge a police report. I have an in car camera and the entire incident has been recorded.

I do not suffer any injuries. My female passenger did not suffer any injuries.

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

Fauziah Ahmad (MX)  
Traffic Police

Date : - 2 JUN 2022



**SINGAPORE  
POLICE FORCE**



T/20220416/2034

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20220416/2034

**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:

F /

Other Mohamed Nasrul Bin  
Mohamed Taib

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 2 DAVID YAP

Contact No.: 65476138

Signature Of Informant:

Date/Time:

16/04/2022 12:43

Classification Of Case:

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

NP168

Fauziah Ahmad (MX)  
Traffic Police

Date : -2 JUN 2022

