



Mobile: 88695712

Report No. T/20190930/2111

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

Informant's Particulars
Name of Informant:

NRIC NO / S1115763G

GOH POO SUAN

ID Type / ID No.:

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
30/09/2019 14:31	* '	81

SINGAPORE 680570

APT BLK 570 CHOA CHU KANG STREET 52 #06-220

Address:

Contact No.:

Home/Office:

Nationality:			Email:						
SINGAPOF									
Sex:	Age:	Date of Birth:		f Inform					
Female	69	13/04/1950	Rider's	Relativ	e				
Race:			Language:		Institution / School Name:				
Chinese			English	1					
Occupation	•		Driving	Driving Licence Information:					
Retiree			Class:		Date of Expiry:				
							•		
			Max						
General Info	ormatio	n of the Accident	7 12 12 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>*</b> .624.073	skinine aka iawa			All the state of t	
T f		Injury		Drink	<u> </u>	Date/Time of	ter officerations	Type of Location:	
Type of	i i	Attended by Police		Drive:		Accident:		X-Junction	
Accident:		· · · · · · · · · · · · · · · · · · ·		No		11/09/2019 23:50		7. 50. 101.011	
Location:									
Junction of	Road 1	and Road 2							
UPPER PA									
BARTLEY F	ROAD E	AST							
			γ				·		
Weather:			Road S	Surface:			Road	d Speed Limit:	
Clear			Dry						
Traffic Flow	:		Traffic	Control			Traff	ic Volume:	
Two Way Traffic Li		Light - \	Vorkir	ng	Heav	/y			
Type of Collision:					Anyo	one conveyed by			
Between Moving Vehicles - Head To Sid		de					ulance:		
							Yes		

Details of Ve	chicle involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF7155K	Motorcycle					0
SHC8473E	Car					0

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





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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 Recording The Report:  J // Signature:  Signature Of Interpreter:  Not applicable	Signature Of Informant:  Date/Time:
Singapore Police Force	30/0 <mark>9/2019 14:31</mark>
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN	Classification Of Case:
Contact No.: 65476236 Authentication Stamp	





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Report No. T/20190930/2111

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## CONTINUATION OF REPORT

Service Service Service Superior Service Servi	Multi-Application of the Control of				
Rider Name	GOH POH SENG		ID No.		S1219870A
realitie	COTTOLING		ID NO.		012190707
Related Vehicle	FBF7155K (Motorcycle)		Contact No.		93668917
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	te Treatment NIL		Date Discharge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of Injury Slight		t	
Rider's Relative					
Name	GOH POO SUAN		ID No.		S1115763G
Related Vehicle	NIL		Conta	ct No.	88695712
Hospital/Clinic	NIL	. di San di	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
No. of Days granted Medical Leave NIL		Degree of Injury   NIL			

## Brief Details.

I am the elder sister of Mr Goh Poh Seng, S1219870A, HP: 93668917. He is currently in hospital and I am lodging this report on his behalf.

On 11/09/19 at about 2350hrs, my brother was travelling along Upper Paya Lebar Road, when at the X-Junction of Upper Paya Lebar Road & Bartley East Road, the traffic light showed red and my brother came to a stop. When the traffic light showed green, my brother started moving off and suddenly, he felt a collision from the left side of his motorcycle.

TP and Ambulance came to the scene. My brother was conveyed to Tan Tock Seng Hospital. My brother suffered fractures on different parts of his body and is still in hospital.