

# **BSA LAW CHAMBERS LLC**

Advocates & Solicitors

133 New Bridge Road  
#10-04 Chinatown Point  
Singapore 059413

**Your Ref** : Your insured vehicle no. SLR 8362R

Tel : 6236 2001

**Our Ref** : BSA. 9983. mc

Fax : 6532 0412

**Date** : 10 February 2021

Email : bala@bsalaw.com.sg

UEN Regn No: 201502330R

Secretary's DID: 6435 0020 (Alice)  
6435 0019 (Mavis)

**BY FAX No. 6224 4174 & EMAIL**

## **INDIA INTERNATIONAL INSURANCE PTE LTD**

64 Cecil Street #05-00 IOB Building

Singapore 049711

### **Motor Claims Department**

Dear Sir,

#### **NOTICE OF ACCIDENT**

**YOUR INSURED VEHICLE REGISTRATION NO: SLR 8362R**

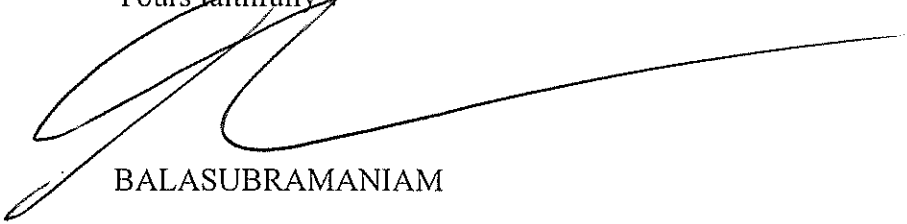
**ACCIDENT ON 22.01.2021 AT ABOUT 0820HRS INVOLVING MCM 4544 & SLR 8362R  
ALONG AYER RAJAH EXPRESSWAY**

We are informed by the repairers of vehicle registration no. MCM 4544 to notify you of the captioned road traffic accident.

Please note that State Court Practice Directions Amendment 1 of 2016 applies to this case. A copy of the accident statement / police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,



**BALASUBRAMANIAM**

Enc

cc **San Tee Auto Pte Ltd**  
Email: [santeeauto@singnet.com](mailto:santeeauto@singnet.com)  
Vehicle No. MCM 4544



# SINGAPORE POLICE FORCE



T/20210123/2035

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20210123/2035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2021 12:35		Vide Report No.:		Station Diary No.: 45	
<b>Informant's Particulars</b>					
Name of Informant: SALISTER RAIAPAN			Address:		
ID Type / ID No.: FIN NO / G6686183Q			Contact No.: Home/Office: Mobile: 89501769		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 27/10/1972	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: SECURITY			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: 22/01/2021 08:20	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MCM4544	Motorcycle				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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Report No. T/20210123/2035

**CONTINUATION OF REPORT**

Rider			
Name	SALISTER RAIAPAN	ID No.	G6686183Q
Related Vehicle	MCM4544 (Motorcycle)	Contact No.	89501769
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/01/2021	Date Discharge	23/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

**Brief Details.**

On 22/01/2021, at about 0820hrs, I was riding to work along AYE to Tuas. After Benoi entrance, I was riding on lane 2. As I was riding, there was one vehicle that hit me onto my left side which caused me to fall and I was dragged about 10m together with my motorcycle. After which I do not know what happened as everything was a blur to me. I only remember asking someone to call for ambulance. I suffered various injuries such as bruises and scratches on the right side of my face, left knee, below the hips of left side and on the right shoulder. I also suffered a hairline fracture on my left hand.



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Report No. T/20210123/2035

**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:

A /

Sgt 2 MOHAMED RAFHAN BIN MOHAMED  
ABDUL KADER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD  
FUAT

Contact No : 65476066

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:

23/01/2021 12:35

Classification Of Case: