



GOH JP & WONG LLC

advocates & solicitors
commissioner for oaths & notary public

GOH TECK WEE

WONG TZE ROY

WONG FUNG KWAI

SOON WEI SONG

133 New Bridge Road #16-09 Chinatown Point Singapore 059413
Tel: 6538 5868 Fax: 6538 4898 (Not for service of Court documents) Email: mail@gohjpwong.com
Goh JP & Wong LLC is a law corporation with limited liability. GST/UEN: 201406078M

YOUR REF:

OUR REF:

GTW.ACC.10T099.21

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE NO

DATE:

5th October 2021

Lay Tuck Ngar

Block 15 Ang Mo Kio Avenue 5

#03-3112 Singapore 560154

Dear Sirs

NOTIFICATION OF ACCIDENT

SUBJECT MATTER: TRAFFIC ACCIDENT INVOLVING FBS 4439T & SHD 3521C ON 01.10.2021 ALONG PIE

We act for Abdul Munaff Mohamed Imran in the above matter.

We are instructed to notify you of the above accident on 1st October 2021 at about 8 pm along PIE involving our client's motorcycle FBS 4439T and motortaxi SHD 3521C driven by you at the material time. A copy of our client's traffic police report filed is enclosed.

As a result of the accident, our client's motorcycle FBS 4439T has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days (excluding Saturdays, Sundays and Public Holidays) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair inspection of the vehicle or whether you or your insurer waive the pre-repair inspection. 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.

Kindly advise your surveyor to liaise with the workshop directly for repair estimates and post re-repair inspection, if required

Yours faithfully

Goh JP & Wong LLC

Enc.

Cc

AXA Insurance Pte Ltd

Attention: Motor Claims Department



SINGAPORE POLICE FORCE



T/20211004/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20211004/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2021 09:02		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: ABDUL MUNAFF MOHAMED IMRAN			Address:		
ID Type / ID No.: FIN NO /			Contact No.: Home/Office: Mobile:		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 16/11/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: NIL			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2021 20:00	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBS4439T	Motorcycle	YAMAHA	FZS ABS MANUAL	Red	Slightly Damaged	0
SHD3521C	Car			Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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Report No. T/20211004/2013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS4439T	AXA INSURANCE SINGAPORE PTE LTD	P2434822	19/04/2021	18/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ABDUL MUNAFF MOHAMED IMRAN		ID No.	
Related Vehicle	FBS4439T (Motorcycle)		Contact No.	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/10/2021		Date Discharge	02/10/2021
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SHD3521C (Car)		Contact No.	82221308
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was along the said location looking out for traffic when said taxi from the back collided into my rear. I was then conveyed to Tan Tock Seng Hospital and given 7 days MC. A witness contacted me informing me he saw the incident. His name is Salam, HP: 89092867. He inform me that he was behind the taxi when the incident occurred.

As such I am here to lodge a traffic police report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



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Report No. T/20211004/2013

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

G /

Sgt 2 CHIAN JUN YING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MARIAH BINTE ZAKARIA

Contact No.: 65476433

Authentication Stamp

NP168

Signature Of Informant:

A. Imran

Date/Time:

04/10/2021 09:02

Classification Of Case: