

# 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 ..... 21/09/2021 17:09 (SGT)  
Date of Accident ..... 20/09/2021 15:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF KAKI BUKIT AVENUE 4 AND PREMIER KAKI BUKIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBE800H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ENG SOON AUTO PTE LTD  
Company Reg No ..... 199705198G  
Email Address ..... evelyn@engsoon.com.sg  
Mobile Phone No ..... (Phone) +65-93669969  
Alternative Phone No ..... (Office) +65-62917775

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... WAVE 1251M  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 125

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070107094-01  
Cover Note Number ..... 06/08/2021 TO 05/08/2022

### DRIVER

Name of Driver ..... SEA KENG HAN

Work Permit No .....	F7697747W
Date Of Birth .....	28/07/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	25/09/2018
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93859349
Alt. Phone Number .....	-
Email Address .....	evelyn@engsoon.com.sg
Address .....	127 SERANGOON NORTH AVE 1 #03-51 (S) 550127
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Collided into Property
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 .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.  
REMARKS : BIKE AT TRAFFIC COMPOUND

#### 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 .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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 .....	SEA KENG HAN
Gender .....	Male
Phone No .....	(Phone) +65-93859349
Address .....	127 SERANGOON NORTH AVE 1 #03-51 (S) 550127
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHANGI GENERAL HOSPITAL - 30 DAYS MC
Injured person in which vehicle? .....	FBE800H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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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)**

(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 law vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



21/9/21 1523

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel


### Sketch Plan

## Describe Circumstances of the Accident

we were informed by our rider See Ken Han who was involved in an accident on 21/9/2021. @ around 1530hrs at premier kaki bukit. He was conveyed to changi general hospital by ambulance. He can't remember details of accident. Will bring him along to file report after discharge from hospital. The bike was tow to traffic compound.

## Declaration

We declare the foregoing particulars are true in every respect.

 21/9/21 1523  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



# SKETCH PLAN

## IMPORTANT NOTICE

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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:



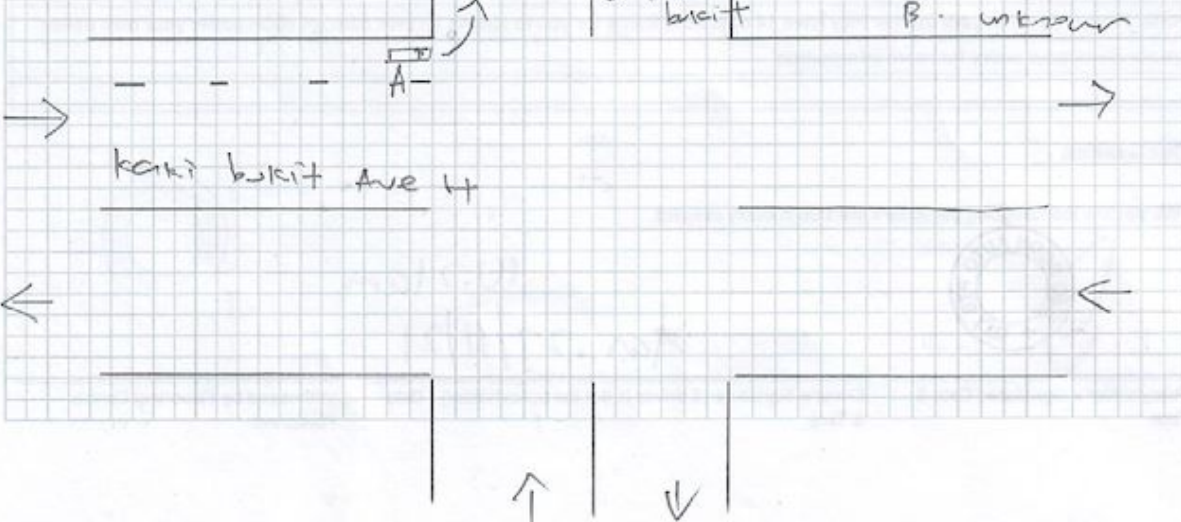
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

	<p>10-27am Han 21/11/21</p>	
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	↑ premier ↓ ① kaki baki	A: FBE 800H B: unknown
		



**Describe Circumstances of the Accident**

Refer to attached police report.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
  
 Policyholder's Signature / Date & Time

10.21am.  
 Jan 27/11/21  
 Driver's Signature (If driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**



T/20210923/2053

1 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20210923/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/09/2021 13:33	Vide Report No.:	Station Diary No.: 8
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**Informant's Particulars**

Name of Informant: SEA KENG HAN			Address: 127 SERANGOON NORTH AVENUE 1 #03-51 SINGAPORE 550127	
ID Type / ID No.: FIN NO / F7697747W			Contact No.: Home/Office: Mobile: 93859349	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 47	Date of Birth: 28/07/1974	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: 2B,3C Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/09/2021 15:00	Type of Location: Straight Road
Location:  KAKI BUKIT AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		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
FBE800H	Motorcycle	HONDA	WAVE125I MANUAL	Black	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210923/2053

2 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20210923/2053

**CONTINUATION OF REPORT**

Rider			
Name	SEA KENG HAN	ID No.	F7697747W
Related Vehicle	FBE800H (Motorcycle)	Contact No.	93859349
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	20/09/2021	Date Discharge	22/09/2021
No. of Days granted Medical Leave	30	Degree of Injury	Slight

**Brief Details.**

On 20/09/2021 at about 1500hrs, when I was travelling in my motor vehicle bearing license plate number FBE800H along Kaki Bukit Avenue 4 turning into Premier @ Kaki Bukit, a vehicle hit me from the back of my motorcycle and I immediately lost consciousness. When I woke up, I was already in Changi General Hospital.

On 22/09/2021, when I was discharged and given 30 days medical leave from Changi General Hospital from 20/09/2021 to 19/10/2021, I called up my colleague and they informed me that on the day of the accident, they saw a lorry at the incident location as well and suspect that the lorry was the cause of the accident.

I wish to state that I do not recall what happened after the accident took placed.



**SINGAPORE  
POLICE FORCE**



T/20210923/2053

3 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20210923/2053

**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 /  
Sgt 2 TONG KAI YONG,  
GODWIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/09/2021 13:33

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 DAVID YAP  
Contact No.: 65476138

Classification Of Case:

Authentication Stamp  
NP168





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S6550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: FBE 800 H  
 Name (as shown in NRIC) : See Keng Han NRIC/FIN/Passport No : F 76977474W  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 127 Serangoon North Ave 1 Singapore 550127 #03-51  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 93659349  
 Email Address : \_\_\_\_\_  
 Date of Accident : 20/9/2001 Time of Accident : 15:00h  
 Place of Accident : Intersection of Kaki Bukit Ave 11 and Premier @ Kaki Bukit  
 Insurance Company : Ais Asia Insurance

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend add in police report and add in accident photos.



21/11/21  
 Policyholder / Driver's Signature  
 Date:



21/11/21  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



# CERTIFICATE OF INSURANCE

## MOTORCYCLE AUTOPLUS MOTORCYCLE

Name of Policyholder : Eng Soon Auto Pte Ltd  
 Period of Insurance : 06 Aug 2021 To 05 Aug 2022  
 Engine No. : JA21E2000076  
 Chassis No. : MLHJA2130K5200076

Vehicle No. : FBE800H  
 Policy No. : 2070107094-01  
 Endorsement No. :  
 Issued Date : 22 Jul 2021

### ABOUT THE COVER

Make/Model : HONDA WAVE 125I M  
 Engine Capacity/Tonnage : 125.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2019  
 Insuring with COE/PAF : Yes

Any person who is driving on the Policyholder order or with their permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : All Age Condition  
 Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 The Policy does not cover:  
 1) use for hire or reward;  
 2) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;  
 3) use for the carriage of goods (other than samples) in connection with any trade or business; and  
 4) use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$300 Theft - \$0

Section 2  
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500257000

NG EE PIN KENNETH

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM  
 SINGAPORE 079120 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SEP2021

78 Shenton Way, #01-10, AIG Building, Singapore 079120. Tel: +65 6338 6200. Fax: +65 6338 6201. Email: [info@www.aig.sg](mailto:info@www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.