

# 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 ..... 08/06/2021 10:06 (SGT)  
Date of Accident ..... 28/05/2021 11:50 (SGT)  
Exact Location of Accident ..... Near 53 Penjuru Rd, Singapore 609139  
Additional Location Information ..... PENJURU ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN8422R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SEAH GEOK SING  
NRIC No ..... S1286707G  
Email Address ..... xieqingxiu@hotmail.com  
Mobile Phone No ..... (Phone) +65-81002071  
Alternative Phone No ..... +65-96416252

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fs150f  
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 ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070158930  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SEAH GEOK SING  
NRIC No ..... S1286707G

Date Of Birth .....	06/05/1958
Occupation .....	Indoor
Date Of Driving Pass .....	13/05/1985
Driving experience .....	36 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81002071
Alt. Phone Number .....	+65-96416252
Email Address .....	xieqingxiu@hotmail.com
Address .....	BLK 120 HO CHING ROAD #08-91
Address complement .....	-
Postcode .....	S(610120)
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 material 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 .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO ATTACH POLICE REPORT & SKETCH PLAN.  
NOTE: VEHICLE NOT IN FOR PHOTO TAKING CURRENTLY AT TRAFFIC POLICE 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 .....	UNKNOWN
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 .....	SEAH GEOK SING
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	DEATH
Injured person in which vehicle? .....	FBN8422R
Were seat belts worn? .....	-
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 **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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

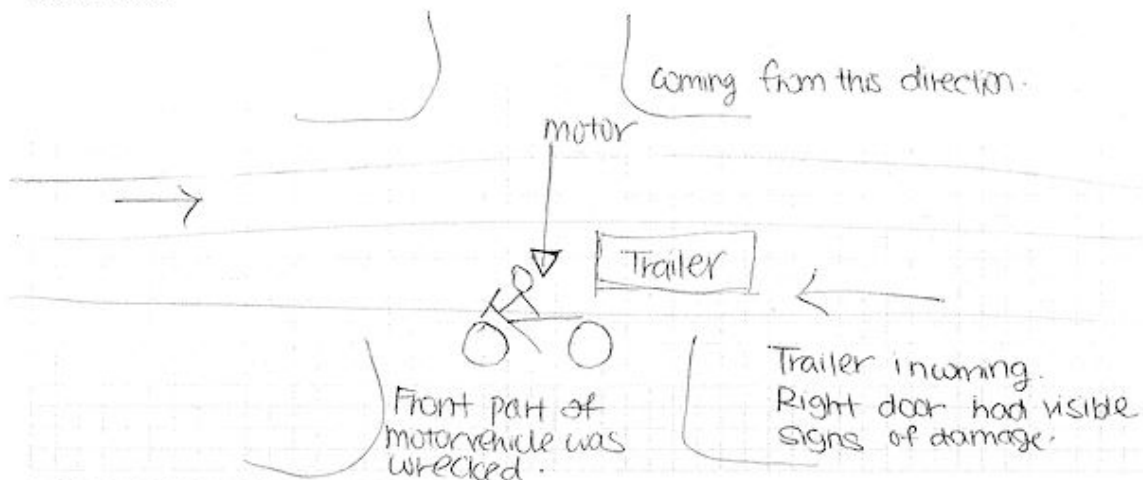
The policy holder is deceased.

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcycle FBNS422R was involved in a collision with a blue trailer at about 11.50am at Penang rd by Penang Rte. Information about the trailer driver/ company is still unknown as police investigation is still on going. A driver who alerted the police will be submitting his in-car sp card to the TP IC to aid in this investigation. This is an unmanned junction with no CCTV around the point of accident. We are still in the midst of appealing for witness. The driver of this policy holder passed on at the accident scene. Paramedics tried to resuscitate him but to no avail.

Police investigation is still on-going Traffic Police IC did not provide us with the report number. But a separate police report has been lodged with regards to this accident and the details which I am informed of.

Police report No: T/ 2021 0603/2015

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input checked="" type="checkbox"/>	Claim <del>OD</del> / TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

The policy holder is a deceased.

Policyholder's Signature  
Date & Time:

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

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





# CERTIFICATE OF INSURANCE

## MOTORCYCLE AUTOVANTAGE MOTORCYCLE

**Name of Policyholder** : SEAH GEOK SING  
**Period of Insurance** : 05 Nov 2020 To 04 Nov 2021  
**Engine No.** : KC27E2214732  
**Chassis No.** : PMKKC2760KB208779

**Vehicle No.** : FBN8422R  
**Policy No.** : 2070158930  
**Endorsement No.** :  
**Issued Date** : 05 Nov 2020

### ABOUT THE COVER

**Make/Model** : HONDA FS150F  
**Engine Capacity/Tonnage** : 149.00 CC  
**Driver Restriction** : Named Driver Basis  
**Person or Classes of Persons Entitled to Drive\*** :  
 a) The Policyholder  
 b) Any person who is named as a "named driver" under this Policy.

**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**Insuring with COE/PAFF** : Yes

**Age Condition** : Not Applicable

**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 2018, 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)

SEAH GEOK SING - \$300 (Own Damage)

### 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: BIKE PRODUCTION PTE LTD

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).

0500658016

COWELL - BIKE PRODUCTION

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977 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.

Tai Joo Lim









**SINGAPORE  
POLICE FORCE**



T/20210603/2015

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20210603/2015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/06/2021 10:10	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: SEAH CHING SIU, EMILY	Address: APT BLK 120 HO CHING ROAD #08-91 SINGAPORE 610120		
ID Type / ID No.: NRIC NO / S9409427E	Contact No.: Home/Office: Mobile: 81002071		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 27	Date of Birth: 16/03/1994	Type of Informant: FAMILY MEMBER OF DRIVER
Race: Chinese	Language:		Institution / School Name:
Occupation: SALES COORDINATOR	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2021 11:50	Type of Location: X-Junction
Location:  PENJURU ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4822R	Motorcycle		HONDA FS 150F			0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210603/2015

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20210603/2015

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SEAH GEOK SING		ID No. S1286707G
Related Vehicle	FBN4822R (Motorcycle)		Contact No. NIL
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	Fatal
<b>FAMILY MEMBER OF DRIVER</b>			
Name	SEAH CHING SIU, EMILY		ID No. S9409427E
Related Vehicle	NIL		Contact No. 81002071
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.**

I am lodging a traffic accident report on a behalf of my father, who had passed on during the accident.

On 28/05/2021 at around 1150hrs, my father was riding his motorcycle (FBN4822R) at a cross junction of Penjuru road and Penjuru lane. An accident happened between his motorcycle and a trailer. Ambulance was activated at scene to resuscitate him but to no avail.

The front part motorcycle including the windscreen and mirror, was totally damaged during the accident. The motorcycle box was damaged as well.

TP IO Firdaus was the one who had informed me of the accident, and I was told to lodge a traffic accident report regarding the insurance claims. I do not know the report number for the accident as the IO did not informed me.



**SINGAPORE  
POLICE FORCE**



T/20210603/2015

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20210603/2015

**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 /

Sgt 2 TAN HUI TIAN, CHARMAINE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/06/2021 10:10

Officer In Charge Of Case:

TP / FAIT /

Sr Staff Sgt MUHAMMAD FIRDAUS BIN  
SULEIMAN

Contact No.: 65476228

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE  
OFFICE OF THE COMMISSIONER  
100 CANAL ROAD SINGAPORE 049460

SIGNATURE




**SINGAPORE  
POLICE FORCE**


T/20210607/2106

1 of 3

Report No. T/20210607/2106

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
07/06/2021 19:05

Vide Report No.:  
T/20210603/2015

Station Diary No.:  
33

**Informant's Particulars**

Name of Informant: SEAH CHONG YEN EUGENE			Address: APT BLK 120 HO CHING ROAD #08-91 SINGAPORE 610120		
ID Type / ID No.: NRIC NO / S9708452A			Contact No.: Home/Office: Mobile: 98312420		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 10/03/1997	Type of Informant: FAMILY MEMBER OF DRIVER		
Race: Chinese			Language:	Institution / School Name: Singapore Polytechnic	
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

**Information of the Accident**

Fatal Attended by Police		Drink Drive: No	Date/Time of Accident: 28/05/2021 11:50	Type of Location:
Road Surface:		Road Speed Limit:		
Traffic Control:		Traffic Volume:		
Anyone conveyed by ambulance: No				
Model	Color	Condition	No of Passeng	
DA	FS150F	Red	0	
Use of Pedestrian Crossing: NA				




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999



T/20210607/2106

2 of 3

Report No. T/20210607/2106

**CONTINUATION OF REPORT**

<b>FAMILY MEMBER OF DRIVER</b>				
Name	SEAH CHONG YEN EUGENE		ID No.	S9708452A
Related Vehicle	FBN8422R (Motorcycle)		Contact No.	98312420
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	
Name	SEAH GEOK SING		ID No.	S1286707G
Related Vehicle	FBN8422R (Motorcycle)		Contact No.	NIL
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	

traffic police report vide T/20210603/2015 that my sister EMILY SEAH CHING SIU T/20210607/2106 had lodged on behalf of our late father who had passed on due to the error with the report.

number should be FBN8422R not FBN4822R. I was advised by my insurance company that all other facts remains the same.

**SINGAPORE  
POLICE FORCE**

T/20210607/2106

3 of 3

Report No. T/20210607/2106

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

attach a copy of your vehicle's Insurance Certificate to this report. If you don't have one, please fax a copy to 65474885 stating the report number as reference.

Recording The Report:

Signature Of Informant:

Date/Time:  
07/06/2021 19:05

Classification Of Case:




**SINGAPORE  
POLICE FORCE**


T/20210607/2106

1 of 3

Report No. T/20210607/2106

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Station Diary No.:  
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**Informant's Particulars**

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ID Type / ID No.: NRIC NO / S9708452A			Contact No.: Home/Office: Mobile: 98312420		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 10/03/1997	Type of Informant: FAMILY MEMBER OF DRIVER		
Race: Chinese			Language:	Institution / School Name: Singapore Polytechnic	
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2021 11:50	Type of Location:
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Location:

NJURU ROAD

Weather:	Road Surface:	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision:	Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
FBN8422R	Motorcycle	HONDA	FS150F	Red		0

**Details of Person Involved**

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


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999



T/20210607/2106

2 of 3

Report No. T/20210607/2106

**CONTINUATION OF REPORT**

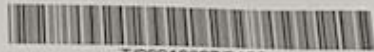
FAMILY MEMBER OF DRIVER			
Name	SEAH CHONG YEN EUGENE		ID No. S9708452A
Related Vehicle	FBN8422R (Motorcycle)		Contact No. 98312420
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	SEAH GEOK SING		ID No. S1286707G
Related Vehicle	FBN8422R (Motorcycle)		Contact No. NIL
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.**

With reference to traffic police report vide T/20210603/2015 that my sister EMILY SEAH CHING SIU S9409427E HP: 81002071 had lodged on behalf of our late father who had passed on due to the accident, there was an error with the report.

The motorcycle plate number should be FBN8422R not FBN4822R. I was advised by my insurance company to make changes. All other facts remains the same.



**SINGAPORE  
POLICE FORCE**

T/20210607/2106

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 3

Report No. T/20210607/2106

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 /

Sgt 3 GOH WEI JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / FAIT /

Sr Staff Sgt MUHAMMAD FIRDAUS BIN  
SULEIMAN

Contact No: 65476228

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/06/2021 19:05

Classification Of Case:

REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

339967B

DECEASED	Death registered at		FORENSIC MEDICINE DIV, HEALTH SCIENCES AUTHORITY	
	Full name of deceased		SEAH GEOK SING	
	NRIC/Identification Document No.	S1286707G	Sex	MALE
	Race/Dialect Group	CHINESE/HOCKCHIA	Nationality	SINGAPORE CITIZEN
	Home Address	APT BLK 120 HO CHING ROAD #08-91 SINGAPORE 610120		Date and hour of death
	Place or Address where death occurred		NG TENG FONG GENERAL HOSPITAL	
CAUSE OF DEATH BY CERTIFIER			Approximate interval between onset and death	
			Years	Months
			Days	Hours
	I (a) MULTIPLE INJURIES			
	Disease or Condition leading to death			
	(b)			
	Antecedent Causes			
	(c)			
	II Other Significant conditions			
Name and official status of person certifying cause of death		Certificate of Cause of Death		
DR BELINDA LEE, CONSULTANT FORENSIC PATHOLOGIST		Reference No.: 21001817CR		
		Date: 29/05/2021		
INFORMANT	Name		SEAH CHING SIU, EMILY	
	Address		APT BLK 120 HO CHING ROAD #08-91 SINGAPORE 610120	
	NRIC/Identification Document No.		S9409427E	
	Relationship		DAUGHTER	
		I certify that the above information given by me is correct.		
		29 MAY 2021		
		Informant's Signature/		
		Date		
		Thumb impression		
REGISTRATION OFFICER	Name of Registration Officer		LIM NAN SHUN DARREN	
	Designation		REGISTRATION OFFICER	
	Date		29/05/2021	
		for Registrar of Births and Deaths		