

**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 ability.
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 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 Report	19/12/2017 13:28
Date Of Accident	12/12/2017 06:30
Exact Location Of Accident	PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	FC3995Y
-----------------------------	---------

**Insured/Policyholder**

Name Of Registered Owner	ABDUL MALIK B BIDIN
NRIC No	S0201516A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93841474
Alternative Phone No	OTHERS-93841474

**Vehicle Particulars**

Manufacturer	VESPA
Model	PX20-200CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0074738450-13
Cover Note Number	

**Driver**

Name of Driver	ABDUL MALIK B BIDIN
NRIC No	S0201516A
Date Of Birth	10/10/1950
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1976
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93841474
Fax Number	
Contact Number	OTHERS-93841474
E-Mail Address	NOEMAIL

Address	BLK 314 #03-425 UBI AVENUE 1
Postcode	400314
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20171215/2119. ATTENDED BY SIT1

#### 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	SLE1714Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

**DETAILS OF INJURED PERSON 1**

Name	ABDUL MALIK B BIDIN
Approximate Age	67
Injuries Sustain	
Injured person in which vehicle?	FC3995Y
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 314 #03-425 UBI AVENUE 1
Postcode	400314



**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.

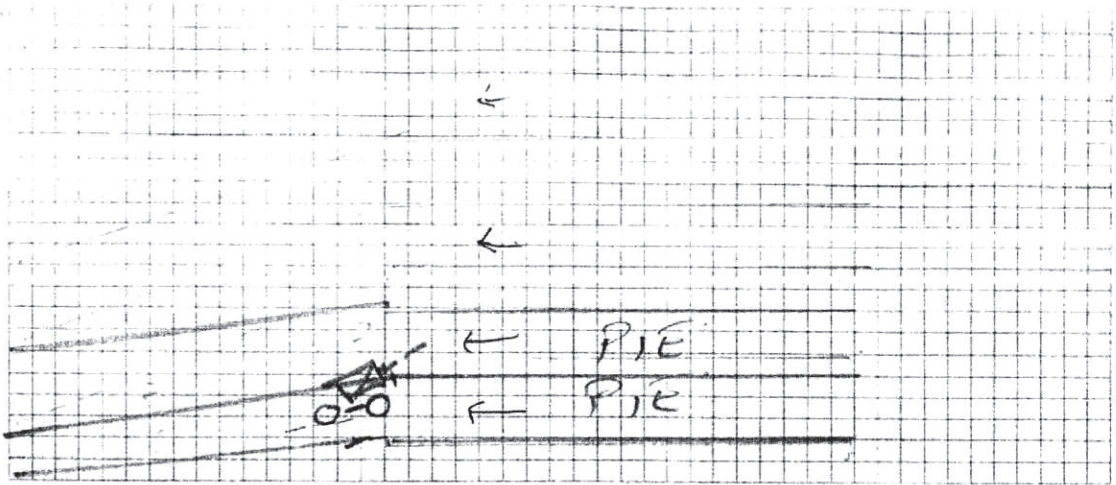
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

19 DEC 2017

IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4  
Singapore 415933  
Tel: 67416697  
Fax: 67492305  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
Email: vac@idacsimnet.com.sg  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police Report no T/20171215/2119

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

19 DEC 2017

IDAC KAKI BUKIT (VAC)  
23 KAKI BUKIT AVE 4  
Singapore 415933

Reporting Centre Personnel's Signature  
Name:   
Fax: 67492305  
NRIC/FIN No:   
Email: vuclb@singnet.com.sg

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0074738450-13

Cover : Third Party

- |   |                       |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle    | : FC3995Y             |
| Chassis Number                                      | : VSXIT185680         |
| 2. Name of Policyholder                             | : ABDUL MALIK B BIDIN |
| 3. Effective Date of Insurance                      | : 01 Jan 2017         |
| 4. Expiry Date of Insurance                         | : 31 Dec 2017         |
| 5. Persons or Classes of Persons entitled to drive# |                       |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ABDUL MALIK BIN BIDIN
NAMED DRIVER (2)	: ABDUL SYAFIZ ABDUL MALIK
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : UBI BRANCH SERVICING BRANCH (00000600345)  
Date of Issue : 21 Dec 2016 12:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


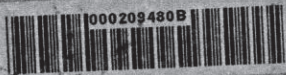
Licence Number: **S0201516A**

Name: **ABDUL MALIK BIN BIDIN**

Birth Date: **10 Oct 1950**

Issue Date: **17 Feb 2003**

0002094808

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S0201516A**

Name: **ABDUL MALIK BIN BIDIN**



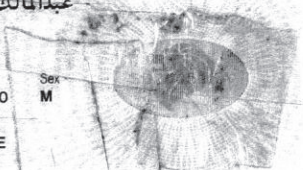
عبدالمالك بن بیدین

Race: **MALAY**

Date of Birth: **10-10-1950**

Sex: **M**

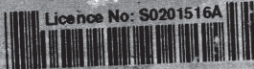
Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Mar 1976
Class 2A	Motorcycles between 201 cc and 400 cc	03 Mar 1976
Class 2	Motorcycles exceeding 400 cc	03 Mar 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jul 1978

Licence No: **S0201516A**



NP 428A

0428784



NRIC No: **S0201516A**



Blood Group: **O+**

Date of issue: **16-07-1992**

Address: **APT BLK 314 UBI AVENUE 1**  
**#03-425**  
**SINGAPORE 1440**

