

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 Report	12/11/2019 17:10
Date Of Accident	11/11/2019 12:00
Exact Location Of Accident	GIANT TAMPOI JOHOR TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV7965K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZAINUDDIEN BIN MOHAMED REYAL
NRIC No	S8501603B
Email Address	RAZZI96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96369444
Alternative Phone No	OTHERS-96369444

Vehicle Particulars

Manufacturer	BMW
Model	318I
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00009911
Cover Note Number	

Driver

Name of Driver	ABDUL RAZZAQ BIN MOHAMED REYAL
NRIC No	S9619420Z
Date Of Birth	28/05/1996
Occupation	INDOOR
Date Of Driving Pass	15/11/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96369444
Fax Number	
Contact Number	OTHERS-96369444
Email Address	RAZZI96@GMAIL.COM

Address	BLK 446A JALAN KAYU #14-310
Postcode	791446
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : ZUBAIDAH BEE (MOTHER) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK JOHOR BAHRU UTARA
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND TRAFIK JOHAR BAHRU (U)019322/19

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	WD4517C
Vehicle Make/Model/Colour	PORCHE PANAMERA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZAIRIL AYU IBRAHIM
NRIC/Passport Number	750731715003
Contact Number	+60192787998
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD ZAINUDDEEN BIN MOHAMED REYAL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	WD4517C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	ZUBAIDAH BEE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJV7965K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

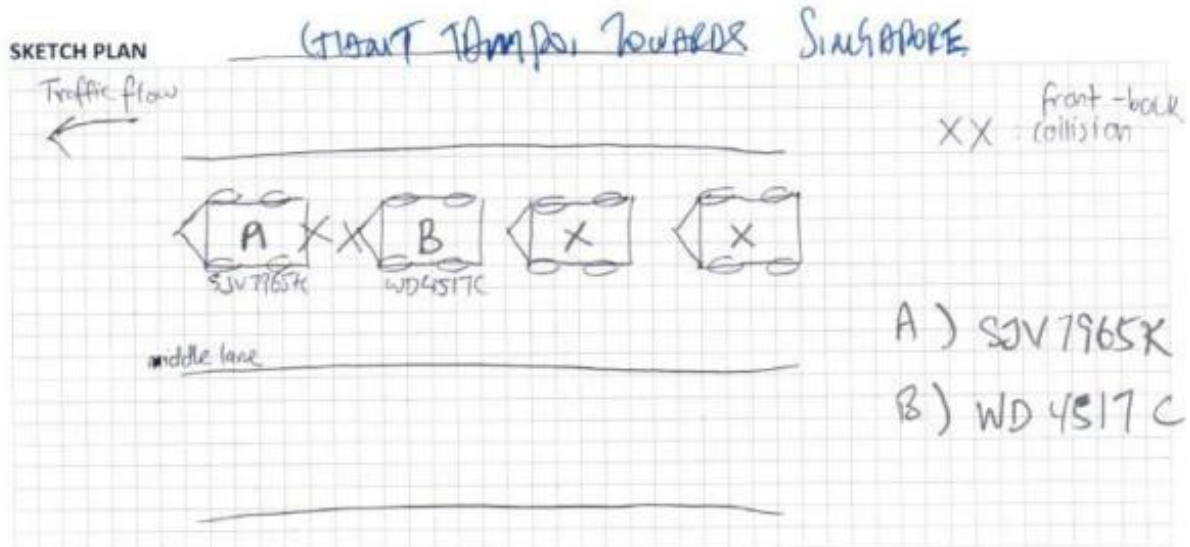
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/11/2019 AT ABOUT 12:00 HRS I WAS DRIVING MY BMW SJV 7965K FROM GIANT TAMPOL TOWARDS SINGAPORE WITH MY MOTHER IN THE PASSENGER SEAT. I WAS DRIVING SLOWLY BECAUSE TRAFFIC WAS HEAVY. SUDDENLY A CAR WD 4517C CAME FROM THE REAR & HIT ON TO MY CAR SJV 7965K ON THE REAR. I FELT PAIN ON MY SHOULDER & MY MOTHER HAD PAIN. THE DAMAGE OF MY CAR WAS ON THE REAR THAT ALL

TRAFFIC POLICE REPORT (U) 019322/19

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: 12/11/2019

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

CLARAC SketchPlanForm_V3

C 1450 hrs

POLICE REPORT



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(U) Pegawai Penyiasat : R114601
 Daerah : J/BAHRU UTARA
 Kontinjen : JOHOR
 No Repot : TRAFIK JOHOR BAHRU(U)/019322/19
 Tarikh : 11/11/2019
 Waktu : 1332 PM
 Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : PATIHI BIN JAMIL No Personel : R126632 Pangkat : KPL
 Butir-butir Jurubahasa (Jika Ada)
 Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---
 No Paspot : --- Bahasa Asal : ---
 Alamat : ---

Butir-butir Pengadu

Nama : ABDUL RAZZAQ BIN MOHAMED REYAL
 No K/P (Baru) : --- No Polis/Tentera : --- No Paspot : S9619420Z
 No Sijil Beranak : ---
 Jantina : Lelaki Tarikh Lahir : 28/05/1996 Umur : 23 tahun 6 bulan
 Keturunan : Melayu Warganegara : SINGAPORE
 Pekerjaan : BERNIAGA
 Alamat Tempat Tinggal : 45 TELOK BANGAH DRIVE 09-123 S(100045) SINGAPORE 100045 SINGAPORE
 Alamat Ibu/Bapa : ---
 Alamat Pejabat : ---
 No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 96493519

Pengadu Menyatakan:-

PADA 11/11/2019 JAM LEBIH KURANG 12:00 TENGAH HARI, SAYA MEMANDU MOTOKAR/WAGON NOMBOR SJV796SK JENIS BMW DARI GIANT TAMPOI KE SINGAPORE BERSAMA MAK SAYA BERNAMA ZUBAIDAH BEE BINTE NOTAN MOHAMED SHARIFF JAMADDIN (S14128850). PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM 9 JLN J/BAHRU-AHITAM DIMASA ITU SAYA MEMANDU DI LORONG TENGAH BERGERAK PERLAHAN BREK BERHENTI DISABABKAN ADA KENDERAAN DI HADAPAN MIKAR SAYA BREK BERHENTI DAN SECARA TIBA-TIBA SEBUAH MOTOKAR/WAGON NOMBOR WD4517C JENIS PORSCHE PANAMERA YANG DATANG DARI ARAH BELAKANG TELAH TERLANGGAR BAHAGIAN BELAKANG MIKAR SAYA. DALAM KEJADIAN ITU, SAYA MENGALAMI SAKIT DI BAHU KIRI MANAKALA MAK SAYA SAKIT DI KEPALA. KEROSAKAN MOTOKAR/WAGON SAYA BAHAGIAN BELAKANG BUMPER DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI SEKIAN LAPORANS SAYA.

Tandatangan Pengadu : Tandatangan Jurubahasa (Jika ada) : Tandatangan Penerima Repot :

_____ _____ _____

ID Pencetak : Tarikh @ Masa Cetak A005231 : 11/11/2019 02:07:27 PM

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POLICE REPORT



CAWANGAN TRAFIK,
IBU PEJABAT POLIS DAERAH JOHOR BAHRU UTARA,
POLIS DIRAJA MALAYSIA,
JKR No. 3861, BATU 10 81300 SKUDAI,
JOHOR.
07-5571952

POL.316

Resit Aduan Penerimaan Repot Polis :

Nama Pengadu : ABDUL RAZZAQ BIN MOHAMED REYAL
No Kad Pengenalan / Pasport : S9619420Z
No Repot Polis : TRAFIK JOHOR BAHRU(U)/019322/19
Tarikh @ Masa Repot Polis : 11/11/2019 @ 13:32
Pengesahan Penerimaan Repot :

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R114601) SJN MOHAMAD KHIR B MOHD SHAH
Tempat Tugas : JOHOR, J/BAHRU UTARA
No Telefon Pejabat :
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :
No Telefon Bimbit : 012-7500472

Tandatangan Ketua Pejabat Pertanyaan

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama :

No Badan :

Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Ahad - Rabu :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Khamis :
08:00 Pagi - 1:00 Tengah Hari
02:00 Petang - 03:00 Petang
Jumaat / Sabtu : Tutup
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis
2. Gambar Kenderaan
3. Rajah Kasar Kemalangan
4. Keputusan Siasatan
5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

Accident Photo



Accident Photo



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