NATIONAL Assessment Centre Services. (wef 1 Jan'05). MAUA1914985b

		Job description	Date &Time Completed	Done by
Date In: 12/11/2019 12:10		SAS e-filling		
Ref No: NBA/FWD1902007/1/4		E-mail (within 8hrs, AIC 2hrs)		
Veh No: SJV796XK		I-Motor Claim Form		
D.O.A: 11/11/2019 1200		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only		I-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: WD 4517C. INC ( ) / Non-INC ( ).

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( ).

Confirmed by : (*Date*: *Time*:)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

General Remarks

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Damage Notification

NA1908559

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Invoice		
1) AR : Accident Reporting ($30)	INC ($10)	
2) DA : Damage Assessment ($100)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75	
6) TR : Re-Inspection	$160	
7) N1 : Idea DA + SMRT Survey		
8) NTUC Additional Services- OD:		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TP (N11) : TP (Non INC) against INC	$20	
9) N12: Idea Mobile	30	
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

Cal. 1:

1 2 / 3:

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 ZAINUDDEEN 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	

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.

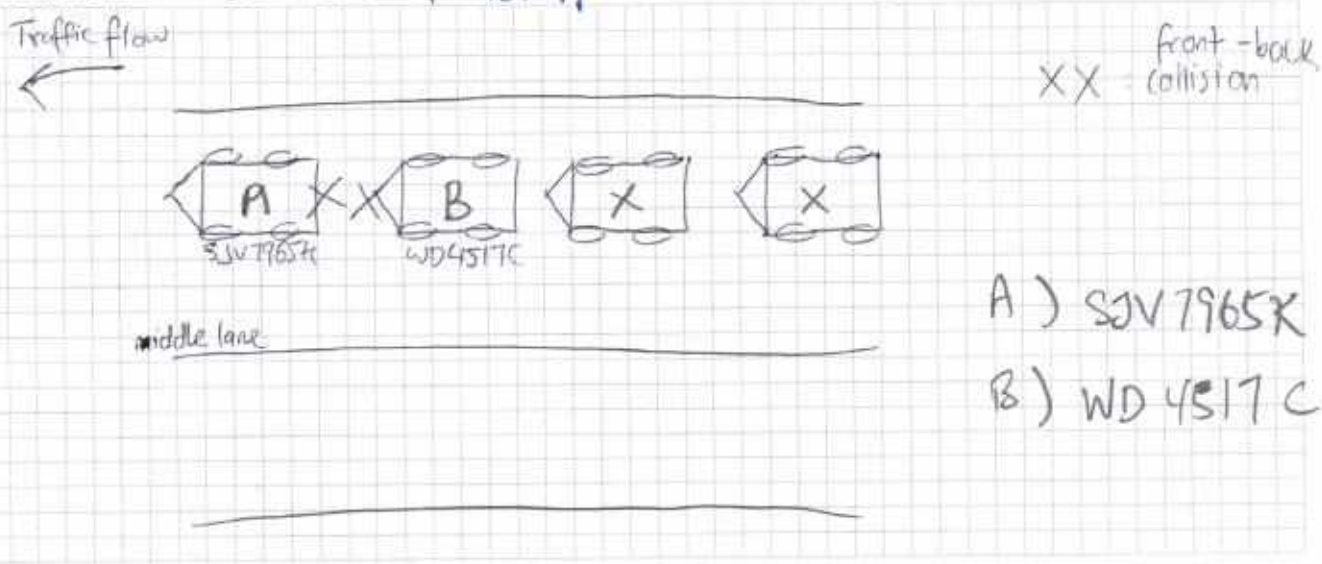
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 12/11/19 @ 1450hrs	12/11/19 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN GIANT TAMPOI TOWARDS SINGAPORE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/11/2019 AT ABOUT 12:00 HRS I WAS DRIVING MY CAR SJV 7965K FROM GIANT TAMPOI TOWARDS SPORA WITH MY MOTHER IN THE RIGHTMOST LANE KM 9 JLN BOTANI AIR HITAM I WAS AT THE CAR 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 INCIDENT I FELT PAIN ON MY SHOULDER & MY MOTHER HEAD PAIN. THE DAMAGE OF MY CAR WAS ON THE REAR THAT ALL

TRAFFIC ENFOR BOTANI (4) 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: NRIC/FIN No.:
	@ 1450 hrs	12/11/2019

GIAMIM SketchPlanForm_v3

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 : R126832 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 : S96194202
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) SINGPORE. 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 SJV7965K JENIS BMW DARI GIANT TAMPOI KE SINGAPORE BERSAMA MAK SAYA BERNAMA:ZUBAIDAH BEE BINTE NOTAN MOHAMED SHARIFF JAMADDIN (S1412865D). PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM 9 JLN J/BAHRU-A/HITAM DIMASA ITU SAYA MEMANDU DILORONG TENGAH BERGERAK PERLAHAN BREK BERHENTI DISEBABKAN ADA KENDERAAN DI HADAPAN M/KAR SAYA BREK BERHENTI DAN SECARA TIBA-TIBA SEBUAH MOTOKAR/WAGON NOMBOR WD4517C JENIS PORSCHE PANAMERA YANG DATANG DARI ARAH BELAKANG TELAH TERLANGGAR BAHAGIAN BELAKANG M/KAR SAYA. DALAM KEJADIAN ITU, SAYA MENGALAMI SAKIT DI BAHU KIRI MANAKALA MAK SAYA SAKIT DIKEPALA. 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 A0025231 | 11/11/2019 02:07:27 PM

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

Resit Akuan Penerimaan Repot Polis :

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

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

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

.....
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 ☑ 11/11
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 STATEMENT

ACCIDENT DATE: (11 / 11 / 2019) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Bandar Baru Uda, Johor Bahru, Malaysia

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJV 7965K
   b) INSURANCE COMPANY: FWD
   c) POLICY NUMBER: PNPV2018-0000944-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: BMW 318i
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Personal
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
   A) NAME: Muhammad Zainuldeen Bin Mohamed Reyal (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8501603B CONTACT: 96369444
   c) ADDRESS: 257 Arcadia Rd #13-05 S(289851)

ZAINUDDIN BIN MOHAMED SHERIFF JAMALUDDIN

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (including driver) (2)

DRIVER
   c) NAME: Abdul Razzaq Bin Mohamed Reyal (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9619420Z CONTACT: 96369444
   c) ADDRESS: 45 Telok Blangah Drive #09-123 S(100045)

   *d) DATE OF BIRTH: (28 / 05 / 1996) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING P.I.S.S 13 Nov 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sibling
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: Johor Bahru Utara
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: WD4517C MODEL: Porsche Panamera
   b) DRIVER'S NAME: Zairi Ayu Ibrahim
   c) NRIC/FIN/PASSPORT: 750731715023 CONTACT: +60192781998

\# No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

\# No of passenger (including driver) (__)

email = razzi96@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9619420Z

Name

ABDUL RAZZAQ BIN MOHAMED REYAL

Race
MALAY

Date of birth
28-05-1996

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9619420Z

Name

ABDUL RAZZAQ BIN MOHAMED REYAL

Birth Date 28 May 1996

Issue Date 15 Nov 2016

0002629360J

DRIVER

4704481

NRIC No. S9619420Z

Date of Issue
01-04-2011

APT BLK 446A JALAN KAYU #14-310
SINGAPORE 791446

NRIC No: S9619420Z Date: 17/05/2014

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	15 Nov 2016

NP 429A

Licence No:S9619420Z


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8501603B

Name

MUHAMMAD ZAINUDDEEN BIN MOHAMED REYAL

Race

MALAY

Date of birth

05-01-1985

Sex

M

Country of birth

SINGAPORE

S8501603B

Date of issue

19-11-2007

257 ARCADIA ROAD #13-05
SINGAPORE 289851

NRIC No: S8501603B Date: 06/06/2019

OWNER

CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00009911-01 (Comprehensive - Prestige Plan)

Car plate number: SJV7965K

Your name (As the policyholder): Muhammad Zainuddeen Bin Mohamed Reyal

Coverage start date: 31/07/2019

Coverage end date: 30/07/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:
(a) You; and
(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:
Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 29/07/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.