

## 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 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	09/03/2018 14:54
Date Of Accident	10/02/2018 17:00
Exact Location Of Accident	ALONG BUKIT INDAH TOWERS MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8110A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	SKYSUNNYKTM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96331170
Alternative Phone No	OFFICE-96331170

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29040710 TMC
Cover Note Number	

### Driver

Name of Driver	KIM JONG CHUN
Passport No/FIN	M66282901
Date Of Birth	02/03/1969
Occupation	INDOOR
Date Of Driving Pass	02/03/1988
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96331170
Fax Number	
Contact Number	OTHERS-96331170
Email Address	SKYSUNNYKTM@GMAIL.COM

Address	30 PASIR PANJANG ROAD
Postcode	117440
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
Foreign Vehicle Registration Number	JNJ1336 (BUS)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180308/2062 AND TRAFIK IPUTERI/001519/18

#### 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	JNJ1336
Vehicle Make/Model/Colour	CAUSEWAY LINK(YELLOW)
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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:

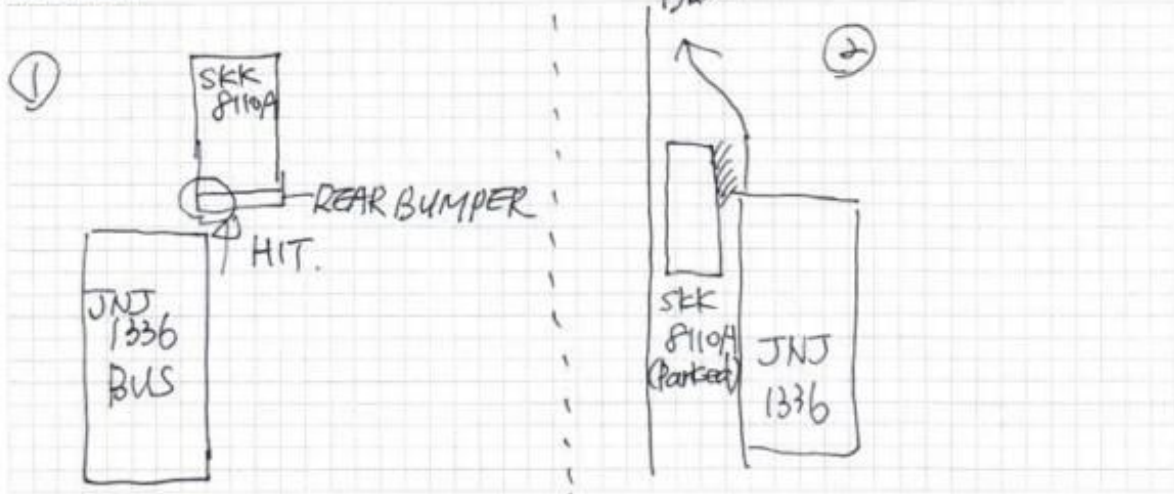
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

  
29/09/2018  
Roshni Nataraj

# Accident Sketch Plan

BUMBUK BUKIT INDAH TOWNSHIP MURAYSIA

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① When I drove my car, I realized that the bus hit my rear bumper so I tried to stop my car to check the status but the bus kept moving forward. I chased the bus and horned but the bus did not stop so I ~~was~~ passed the bus and parked my car on the roadside.
- ② Then, suddenly the bus hit my car again
- ③ I got off and checked my car status and asked the bus driver if he agreed with the responsibility but he denied. So I asked some passengers in the bus but they supported the bus driver. In addition the bus driver pushed me and became violent. The passengers also bully me saying "insulting" (Fi). I had to stop asking and investigating since I felt threat by them and hurried up to get out from the spot.

POLICE REPORT D/20180308/2062 & TRAFIK IPUTER/001519/18

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 09/03/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: *[Signature]*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20180308/2062

1 of 2

## POLICE REPORT (NP299)

Report No. D/20180308/2062

Police Station Of Origin  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

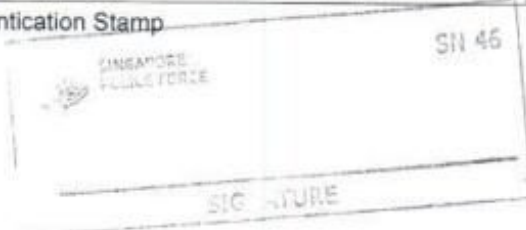
Date/Time Report Made 08/03/2018 16:13	Vide Report No.	Station Diary No. 63
Name Of Informant KIM JONG CHUN	Address APT BLK 30 PASIR PANJANG ROAD #17-31 MAPLETREE BUSINESS CITY SINGAPORE 117440	
ID Type / ID No. NRIC NO / G3370043T	Contact No. Home/Office Mobile 96331170	
Nationality KOREAN, SOUTH	Email Address	
Occupation DIRECTOR	Sex Male	Age 49
Institution/School Name	Date of Birth 02/03/1969	Race Others
Date/Time Of Incident 10/02/2018 19:00	Location Of Incident Malaysia, JB MALAYSIA	

### Brief details.

On 10/02/2018 at about 1700hrs, I was driving a rented vehicle (SKK8110A) at Malaysia, Johor Bahru and had met with an accident. I was driving my car and realized that a bus(JNJ1336) hit my rear bumper. Therefore I stopped, wanting to talk to the driver and also make a check on the vehicle. However the bus driver continued driving. I gave chase and managed to overtake the bus and parked on the side of the road. Suddenly, the bus hit my car again. I then managed to speak to the bus driver, however he was unwilling to admit that the bus he drove had hit my vehicle. I have made a police report in Malaysia,

Signature Of Officer Recording The Report: D / Sgt 2 LEE JIA YAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2018 16:13
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ONG SHING LIN, STEFFANY Contact No.: 67740000	Classification Of Case:

### Authentication Stamp



POLICE REPORT



SINGAPORE  
POLICE FORCE



D/20180308/2062

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180308/2062

however I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

D / Sgt 2 LEE JIA YAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
Insp ONG SHING LIN, STEFFANY  
Contact No.: 67740000

Signature Of Informant:

Date/Time:  
08/03/2018 16:13

Classification Of Case:

Authentication Stamp



# POLICE REPORT

Salinan Repot Polis

1

1



## POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI  
Daerah : ISKANDAR PUTERI  
Kontinjen : JOHOR  
No Repot : TRAFIK IPUTERI/002361/18  
Tarikh : 08/03/2018  
Waktu : 1228 PM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R97727  
No Repot Bersangkut : TRAFIK  
IPUTERI/001519/18

### Butir-butir Penerima Repot

Nama : HISHAM BIN KHAMIS

No Personel : R122832

Pangkat : KPL

### Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

### Butir-butir Pengadu

Nama : KIM JONG CHUN

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : M66282901

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 02/03/1989

Umur : 49 tahun 0 bulan

Keturunan : Korea

Warganegara : Korea

Pekerjaan : PENGURUS

Alamat Tempat Tinggal : 30 PASIR PANJANG ROAD SINGAPORE, 117440

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 96331170

Emel : ---

### Pengadu Menyatakan:-

PADA 10/02/2018 JAM LEBIH KURANG 05:00 PETANG SEMASA SAYA MEMANDU MOTOKAR NOMBOR PENDAFTARAN SKK8110A JENIS TOYOTA CAMRY DARI BUKIT INDAH HENDAK KE SINGAPURA. APABILA SAYA SAMPAI DI JALAN SG DANGA TIBA-TIBA SEBUAH M/BAS NO. JNJ1336 MELANGGAR MOTOKAR SAYA DARI ARAH BELAKANG. SAMASA SAYA HENDAK BERHENTI DAN BERBINCANG DENGAN PEMANDU M/BAS TERSEBUT HENDAK RAPAT KE SEBELAH KIRI DAN MELANGGAR BAHAGIAN SEBELAH KANAN MOTOKAR SAYA. SAYA TIDAK CEDERA. KEROSAKAN MOTOKAR SAYA DI BAHAGIAN BELAKANG: BUMPER BELAKANG, BUMPER DEPAN, FENDER DEPAN. LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R122832 | 08/03/2018 12:43:24 PM



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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