

NATIONAL Assessment Centre Services. (M11 1 Jan 00) 17 MAY 18033070

Date In: 09/03/2018 14:54	Job description	Date & Time Completed	Done by
Ref No: NBAR18033070 45787	SAS e-illing		
Veh No: SKK 8UGA	E-mail (with 3hrs, A/C 3hrs)		
D.O.A: 10/02/2018 17:00	E-Motor Claim Form		
OD (TP) Reporting Only	E-Motor VVO (with 3hrs, TP 3hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / OWI:	Tel:	Fax:
TP Particulars: Yell No: JND 1326	INC () / Non-INC ()	
Owner / Drivers:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: BSL 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:

() Work-In Question: 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: ()

Remarks:	Done by
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury: _____

Other: _____

NA1801560	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30)
Control No:	2) DA: Damage Assessment (\$100) INC (\$50)
Assessed Portion:	3) TP: Towing Fee \$20/115
C. Checked by (Driver-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Re-survey) \$30
	For claims apply INC Only (Ref 10 Jan 2005)
	6) TR: Re-inspection \$35
	7) NI: (4x) DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: Courtesy Car / Tpl Allowance \$5
	10) NI: Repair Coordination \$10
	11) NI: Post Repair Inspection \$35
	12) NI: DY / Collision Unsett Coordination \$1
	13) IE (NI) / TP (Non-INC) request INC \$30
	14) NI: Claims Advice \$0
	Invoice dated: _____
	Not Charged: _____
	Invoice dated: _____

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
Insured/Policyholder	
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	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
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	

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.

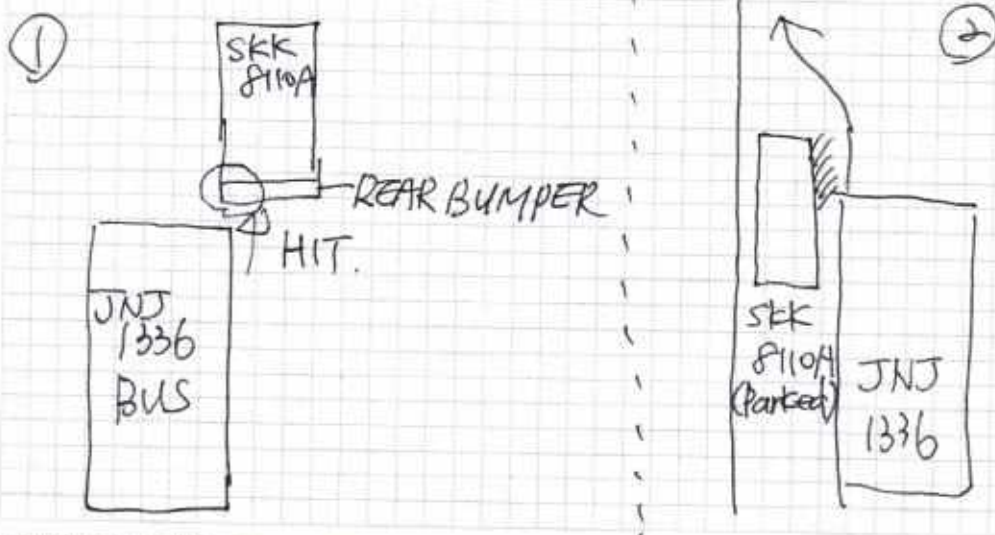


Policyholder's Signature
Date & Time:


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


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

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 road side.
- 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: *[Signature]*
NRIC/FIN No.: *[Signature]*



**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

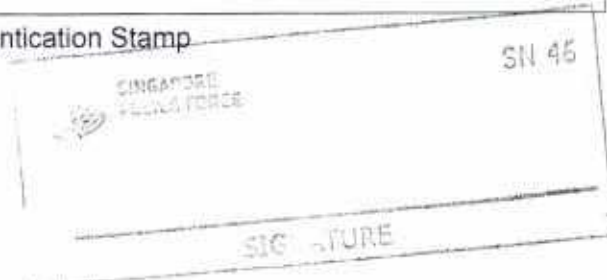
Date/Time Report Made 08/03/2018 16:13	Vide Report No.	Station Diary No. 63
Name Of Informant KIM JONG CHUN	Address APT BLK 30 PASIR PANJANG ROAD #17-31 MAPLETREE BUSINESS CITY SINGAPORE 117440	
ID Type / ID No. NRIC NO / G3370043T	Contact No. Home/Office Mobile 96331170	
Nationality KOREAN, SOUTH	Email 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





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 : 02/03/1969

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

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident: 10/02/2018 Time: 17:50 pm
Exact Location of Accident: ALONG BUKIT INDAH TOWARDS SPAREMAY 911

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SKR 8110A Name of Registered Owner: SIMR DARBY SERVICES
NRIC / Passport No. / FIN: Co. Reg. No. (for Co. Vehicle Only): 197501065W
Manufacturer: TOYOTA Model: T. CAMRY
Exact purpose of vehicle being used at time of accident: Normal usage ☒ Other ☐ (please state):
Are you claiming your own insurance policy for repair to your vehicle? Yes ☐ Claiming Against 3rd Party ☒ For Reporting Only ☐
Vehicle Category: Private Car

Insurance Information

Name of My Insurance Company: MSIG
Type of Coverage: Comprehensive ☐ Third Party ☒
Fleet Policy (Multiple vehicles coverage): Yes ☐ No ☐ Policy / Cover Note Number:

Driver

Name of Driver: KIM JONG CHUN NRIC / Passport No. / FIN:
Date of Birth: 1969.3.2 Occupation: Indoor ☒ Outdoor ☐
Date of Driving Pass: 1988.3 Gender: Male ☒ Female ☐
Mobile Phone No.: 9635-1170 Alternative Phone No.:

Address as stated in NRIC: 30 PASIR PANJANG ROAD (Post Code: 117440)

*Email Address: SKSUNNYKIM@gmail.com

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:

*Does the Driver Own Any Other Vehicle? Yes ☐ No ☒

*Vehicle Reg. Number of Driver's Own Vehicle (if applicable):

*Insurance Company of Driver's Own Vehicle (if applicable):

Other Information of the Accident

Weather Conditions: Clear ☒ Raining ☐ Others ☐ (please state condition):
Road Surface: Wet ☐ Dry ☒ Others ☐ (please state condition):
Was anybody injured in the accident? No ☒ Yes ☐
*Was any foreign vehicle involved in this accident? No ☐ Yes ☒
Foreign Vehicle Registration Number: JNJ 1336
Foreign Vehicle Category: Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others ☐ *Please indicate
Was any other vehicle or property involved? No ☒ Yes ☐
*Was there any video captured by Car Camera? No ☒ Yes ☐
Was the accident reported to the Police? No ☐ Yes ☒ If Yes, which Police Station?
Was notice of Intended Prosecution given? No ☒ Yes ☐ If Yes, against whom?
I have been approached by unknown person(s) soliciting / offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: JNJ 1336 Vehicle Make / Model / Colour: CAUSEWAY LINK (YELLOW)

Details of Property Damaged in Accident (other than 3rd Party vehicle):

Name of Driver: NRIC/Passport Number:

Contact Number:

Address: (Post Code:

Insurance Company Name:

Nature of Damage: Front ☐ Rear ☐ Left ☐ Right ☐ No. of Passengers (Including Driver):

Details of Witness - Name:

Details of Witness - Contact Number:

Details of Witness - Email Address:

DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)

Name: Approximate Age:

Address: (Post Code:

Injuries Sustained: Injured person in which vehicle (vehicle reg. no.):

Were seat belts worn? No ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

Type of Accident (Please tick the appropriate type on flipside of this form)

대한민국
REPUBLIC OF KOREA

국제 자동차 교통
국제 운전면허증
INTERNATIONAL DRIVING PERMIT
1949. 9. 19의 도로교통에 관한 협약

발급지 ISSUED AT SEOUL, KOREA
발급년월일 DATE OF ISSUE 03.Mar.2017
면허번호 PERMIT NO 1129-17-122012



김정춘

서울특별시지방경찰청장
COMMISSIONER OF SEOUL
METROPOLITAN POLICE AGENCY

International Driving Permit
Number:
Date of issue:
Category:

Vehiculos con 4 o mas ejes, motor de incendio o vehiculos automotrices de tres ejes con potencia maxima de 1000 W (136 CV)	A
Vehiculos automotrices destinados a transporte de personas que tengan, ademas de permito de conducir, un permiso de otro vehiculo o un permiso de transporte de mercancías segun el Reglamento (CE) no 168/2003. Puede englobarse a los vehiculos automotrices de este tipo un permiso B2.	B
Vehiculos automotrices ligeros con el motor de tres cilindros o mas pero no de mas de 3000 cc (17700 CV) y 1700 kg. Puede englobarse a los vehiculos automotrices de este tipo un permiso B2.	C
Vehiculos automotrices de gran potencia o motor de mas de 3000 cc (17700 CV) y 1700 kg. Puede englobarse a los vehiculos automotrices de este tipo un permiso B2.	D
Vehiculos automotrices de gran potencia o motor de mas de 3000 cc (17700 CV) y 1700 kg. Puede englobarse a los vehiculos automotrices de este tipo un permiso B2.	E

El titular de este permiso internacional de conducir debe tener en su posesion un permiso de conducir valido de su pais de origen o de su pais de residencia y un pasaporte valido.

KIM
JONG CHUN
REPUBLIC OF KOREA
02.Mar.1969
Seoul



*This passport is valid
for all countries unless
otherwise endorsed.*

소지인의 서명

Signature of bearer

여권 PASSPORT

選擇/Type

PM

—H. Guzmán

KIM

이름: Given names

JONG CHUN

국적 / Nationality

REPUBLIC OF KOREA.

생년월일/Date of birth

02 MAR 1969

성별/ Sex

M

발급일/Date of issue

13 APR 2010

기간만료일/ Date of expiry

13 APR 2020

發售元/issuing country

KOR

여권번호 Passport No

M66282901



주어동명변조 Personal Narr.

1047619

발행권행/ Authority

MINISTRY OF FOREIGN AFFAIRS AND TRADE

한글성명

김종원

[illegible]

M662829012K0R6903022M20041381047619V11467426

**MSIG****MSIG Insurance (Singapore) Pte. Ltd.**

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807

Tel +65 6827 7888, Fax +65 6827 7800

Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

2459

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form: M.Z.400

Cars for Hire

MOTOR CAR - COMMERCIAL TP**Third Party**

Certificate No. B 29040710 TMC

1. Index Mark and Registration Number of Vehicle

SKK8110A

2. Name of Policyholder

Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/10/2017

4. Date of Expiry of Insurance

30/09/2018

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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*

Use for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer