

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	13/09/2019 09:43
Date Of Accident	12/09/2019 14:10
Exact Location Of Accident	ALONG PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5201J

Insured/Policyholder

Name Of Registered Owner BREAKTHROUGH MISSIONS LTD
Co Reg No 198305430G
Email Address ENQUIRY@BREAKTHROUGHMISSIONS.ORG.SG
Mobile Phone No (LOCAL) +65-91910487
Alternative Phone No OFFICE-64797734

Vehicle Particulars

Manufacturer ISUZU
Model NNR85UH4A
Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number B 29122907 MKC
Cover Note Number

Driver

Name of Driver TAN SWEE HOON
NRIC No S0170624A
Date Of Birth 14/10/1951
Occupation OUTDOOR
Date Of Driving Pass 18/11/2011
Driving Experience 7 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91910487
Fax Number
Contact Number OFFICE-64797734
EMail Address ENQUIRY@BREAKTHROUGHMISSIONS.ORG.SG

Address	24 YEW SIANG ROAD
Postcode	117758
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Number of vehicles (including own vehicle) 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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	XE2464X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.



X

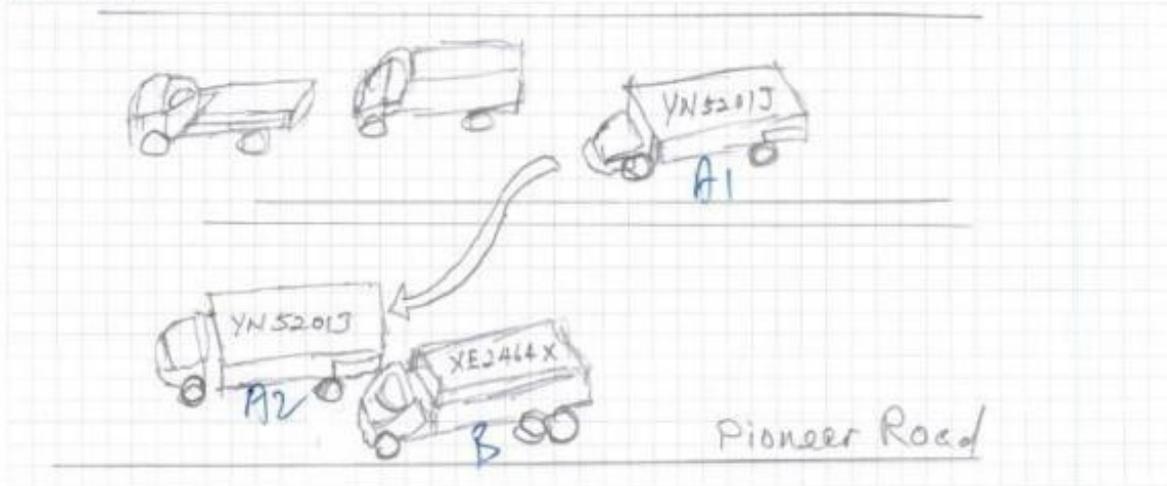
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After making a right turn from Pioneer Lane, I was driving vehicle YN5201J towards city on the right lane of Pioneer Road. There were two trucks about 50 metres in front of me that had stopped to make a right turn.

I began to signal left intending to change lane and noticed a truck about 30 metres behind me on the left lane. I anticipate that the driver of XE2464 would slow down giving way for me to filter the left lane.

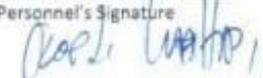
After cutting in the left lane I realized something hit the back of my truck. I immediately on the hazard lights and stopped at the left of the road about 30 metres away. I saw the other truck had scratched its right front door against my vehicle's back and a metal plate on the right door had dropped. My truck was not damaged and no one from both parties were hurt! This accident happened around 2:12 pm!

DECLARATION

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

X 
 Policyholder's Signature
 Date & Time:


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

 13/05/2019
 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

