

Date In: <i>13/01/09 09:43</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA190/1039/6223/Y</i>	SAS e-filing		
Veh No: <i>YH5201</i>	E-mail (Wjida 2hrs, AIC 2hrs)		
DOA: <i>12/01/09 14:10</i>	I-Motor Claims Form		
OID: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Veh No: *XE2464X* INC () / Non-INC ()

Owner / Driver: () Tch: ()

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: ()

Additional Services:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

Claimant's Authority	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	N5: Courtesy Car / Tpl Allowance \$5
	N6: Spare Coordination \$10
	N7: Post Repair Inspection \$25
	N8: DV / Collect Excess Coordination \$5
	TP (NI) / TP (N+INC) against INC \$20
	N12: Idea Mobile \$0
	Invoice dated _____ Fee Charged _____
	Invoice dated _____ Fee Charged _____

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

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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.



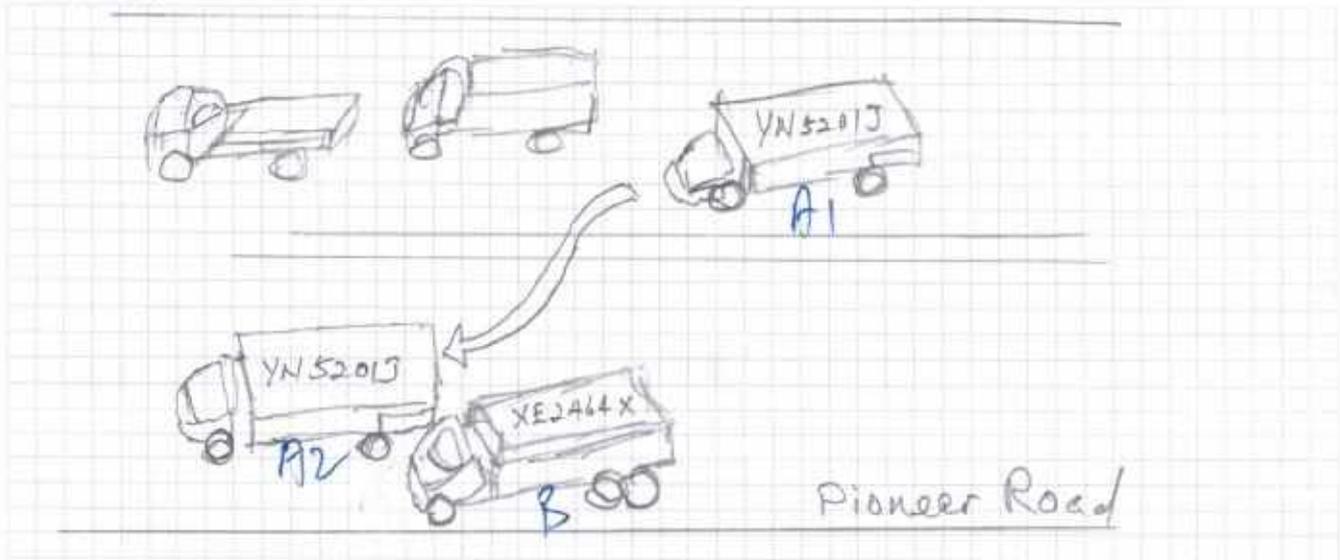
X

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After making a right turn from Pioneer Lane, I was driving vehicle YN52013 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:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (12/09/2019) (DD/MM/YYYY), TIME: (14:12) (HH:MM)

LOCATION: Pioneer Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 5201 J
b) INSURANCE COMPANY: MSIA
c) POLICY NUMBER: B 29122401 MKC
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: ISUZU NNR8544A
f) TYPE: (SALOON / COUPE / MPV / VAN / (CORRY) MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELLING HOME
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: BEH HOCK THUAN MISSION NO (MALE / FEMALE) SUBON
b) NRIC/FIN/PASSPORT: _____ CONTACT: 64797734
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN SWEET HOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0170624A CONTACT: 91910487
c) ADDRESS: 24, Yew Siang Road
Singapore 117758

* d) DATE OF BIRTH: (14/10/1951) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEARLY 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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE 2864X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

WORKING 2
(m)

No of passenger
(including driver)
(3)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = enquiry@breakthroughmissions.org.sg

VIDEO



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

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.2.300

Goods Carrying Vehicle - Sch 1

COMMERCIAL VEHICLE

Comprehensive

Certificate No. B 29122907 MKC

Excess : S\$3000

1. Index Mark and Registration Number of Vehicle

YN5201J

2. Name of Policyholder

Breakthrough Missions Ltd

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

30/05/2019

4. Date of Expiry of Insurance

29/05/2020

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is in the Policyholder's employ and 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 in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing 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

Transaction ref 20140530085602323058

The owner and vehicle particulars for Vehicle No. YN5201J as at 30 May 2014 are as follows:

1.	Name	: BREAKTHROUGH MISSIONS LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198305430G
4.	Place Of Passport Issue	: -
5.	Registered Address	: 36 ARMENIAN STREET #05-12 SINGAPORE 179934
6.	Mailing Address	: -
7.	Vehicle No.	: YN5201J
8.	Effective Date of Ownership	: 30 May 2014
9.	Original Registration Date	: 30 May 2014
10.	First Registration Date	: 30 May 2014
11.	Vehicle Type	: B31 - Goods (Open) Lorry (Metal Body)/Pickup
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: With Hood
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: ISUZU
17.	Vehicle Model	: NNR85UH4A
18.	Year of Manufacture	: 2014
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: JAANNR85HE7100056 / -
23.	Propellant	: Diesel
24.	Engine No./Motor No.	: 4JJ11G2464 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2999 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 2500
28.	Maximum Laden Weight(kg)	: 5000
29.	Open Market Value	: \$29,472.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2014030105000437C
35.	COE Expiry Date	: 29 May 2024
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$52,890.00
38.	Actual Quota Premium/PQP Paid	: \$52,890.00
39.	Actual ARF Paid	: \$1,474.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 29 May 2034
45.	Road Tax Amount	: \$638.00
46.	Road Tax Start Date	: 30 May 2014
47.	Road Tax End Date	: 29 May 2015
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.