

VEHICLE NO: GBK9405A

MAKE &amp; MODEL: TOYOTA HIACE

AUTO/MANUAL

DATE OF ACCIDENT	28 / 11 / 2024	C.C.
TIME OF ACCIDENT	19 : 00 AM / PM	
LOCATION OF ACCIDENT	YH YISHUN AVENUE 1 TOWARDS MANDALAY AVE.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	AGI ENGINEERING PTE. LTD.	
EMAIL HIVE SG@HOTMAIL.COM	OFFICE:	MOBILE: 9829 9917
NRIC / UEN	202802545K	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	ERGO	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCG24008945	
NAME OF DRIVER	AS ABOVE / IF NO. TAN SENG POH	
NRIC	S8946044A	
DATE OF BIRTH	19 / 12 / 1989	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS	24 / 09 / 2010	
GENDER	MALE / FEMALE	
CONTACT NO.	MOBILE: 9829 9917	OFFICE :
EMAIL		
ADDRESS	113 TECK WAH LANE #08-670 G80113	
DOES DRIVER OWN OTHER VEHICLES?	NO / IF Yes. Reg no. : INSURER :	
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other.	
ROAD SURFACE	Dry / Wet / Other.	
ANY INJURIES	No / IF Yes. Who? TAN SENG POH	
CONVEYED BY AMBULANCE	No / IF Yes. Who?	
POLICE REPORT	No / IF Yes. Where? ONLINE	
NOTICE OF INTENDED PROSECUTION GIVEN?	No / IF Yes. Who?	
VEHICLE B NO. YG 5565T	Any Passenger : NOT SURE	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger	
VEHICLE D NO.	Any Passenger	
VEHICLE E NO.	Any Passenger	
VEHICLE F NO.	Any Passenger	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Who is Reporting	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others :	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

## 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 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.
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.

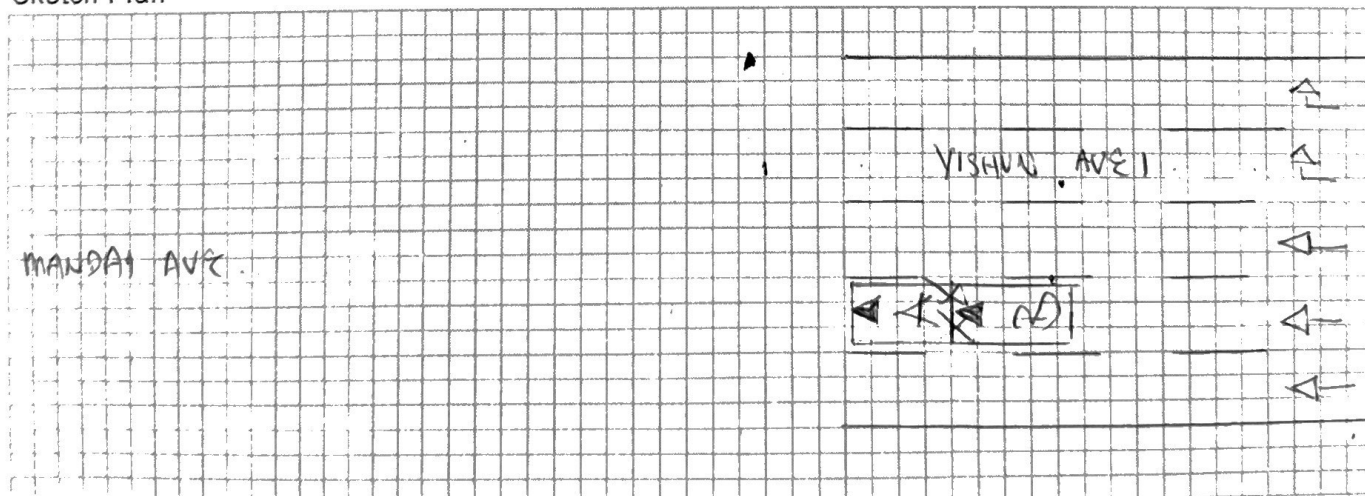


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: GBK 9405A  
B: YQ5565T

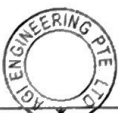
Describe Circumstances of the Accident

REFER TO POLICE REPORT.

T/20241128/7139.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

A handwritten signature in black ink, appearing to be "Lg".

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

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20241128/7139

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20241128/7139

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2024 20:36	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: TAN SENG POH		Address: 113 TECK WHYE LANE #08-670 SINGAPORE 680113	
ID Type / ID No.: NRIC NO / S8946044A		Contact No.: Home/Office: Mobile: 98299917	
Nationality: SINGAPORE CITIZEN		Email: SENGPOH@AGIE.SG	
Sex: Male	Age: 34	Date of Birth: 19/12/1989	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2024 19:00	Type of Location: X-Junction
Location: CHENCHARU LINK				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK9405A	Motor van				Seriously Damaged	0
YQ5565T	Lorry				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20241128/7139

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No. 65470000

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Report No. T/20241128/7139

CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN SENG POH	ID No.	S8946044A
Related Vehicle	GBK9405A (Motor van)	Contact No.	98299917
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/11/2024	Date Discharge	28/11/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight

**Brief Details.**

DATE OF ACCIDENT : 28/11/2024

TIME OF ACCIDENT : 1900HRS

LOCATION OF ACCIDENT : YISHUN AVENUE 1 TOWARDS MANDAI AVENUE CROSS JUNCTION.

I WAS THE SAID VEHICLE DRIVER BEARING GBK9405A. I WAS TRAVELING ON THE 4th LANE OF A 5 LANES ROAD, COUNTING FROM THE RIGHT.

UPON REACHING THE JUNCTION, I SLOWED DOWN AND CAME TO A COMPLETE STOP AS TRAFFIC LIGHT WAS RED

OUT OF A SUDDEN THERE WAS A HUGE IMPACT COLLIDED ONTO MY VEHICLE REAR.

I WAS IN SHOCK AND PAIN. AFTER AWHILE I ALIGHTED FROM MY VEHICLE AND REALISE A LORRY BEARING YQ5565T HAD COLLIDED ONTO MY VEHICLE.

WE EXCHANGED PARTICULAR AND MOVED ON TO INSURANCE.

I WENT TO CONSULT A DOCTOR AT CAREDOC MEDICAL CLINIC. I SUSTAIN PAIN IN HEAD, NECK, LOWER BACK AND BOTH HAND WRIST AND I WAS GIVEN 4 DAYS OF MC FOR MY INJURIES.

I AM FILLING A TRAFFIC ACCIDENT REPORT FOR MY INSURANCE CLAIM PURPOSES



**SINGAPORE  
POLICE FORCE**



T/20241128/7139

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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20241128/7139

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
28/11/2024 20:36

Classification Of Case: