



## 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 Actual 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 Submission	03/04/2023 10:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD99L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO PEIYING, ESTHER
NRIC No	SXXXX004C
Email Address	
Mobile Phone No	
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070152358-02

#### DRIVER

Name of Driver	HO PEIYING, ESTHER
NRIC No	SXXXX004C
Date Of Birth	
Occupation	Indoor



Date Of Driving Pass	26/07/2002
Driving experience	20 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20230329/2118

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5970E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

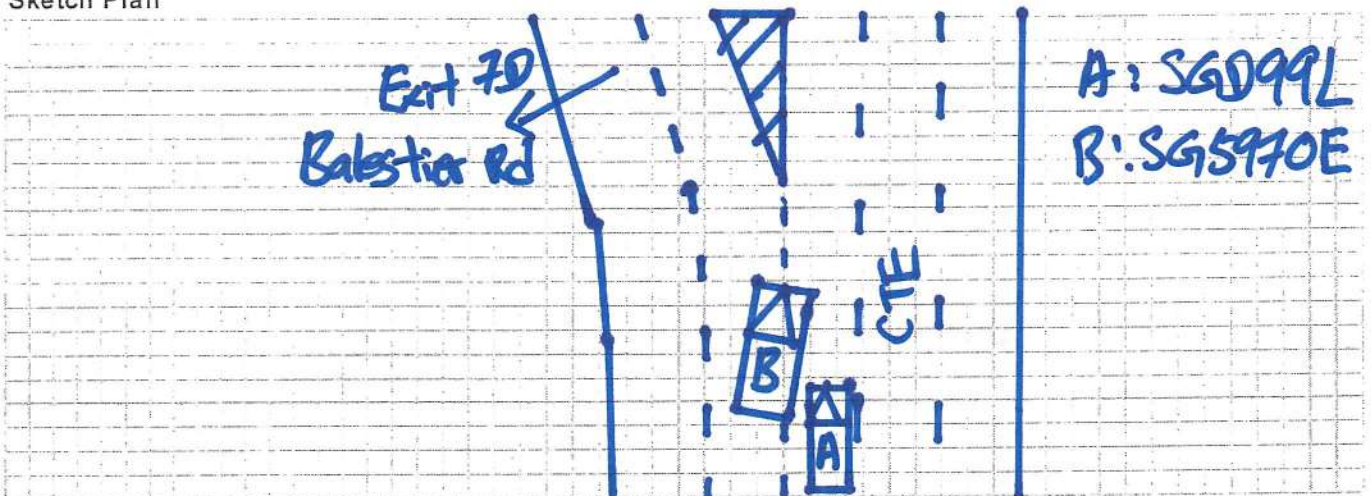
Policyholder's Signature / Date & Time

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

Go Chee Han  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Refer to police report: T/20230329/2118

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20230329/2118

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

1 of 3

Report No. T/20230329/2118

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2023 19:35		Vide Report No.:		Station Diary No.: 62	
<b>Informant's Particulars</b>					
Name of Informant: HO PEIYING, ESTHER			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email: estherhope@gmail.com		
Sex: Female	Age: 41	Date of Birth: [REDACTED]	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: OTHERS			Driving Licence Information: Class: [REDACTED] Date of Expiry: [REDACTED]		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2023 08:10	Type of Location:
Location:  CENTRAL EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5970E	Bus/Coach/Mi nibus					0
SGD99L	Car	MERCEDES BENZ	CLA180 COUPE PROGRESS IVE	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20230329/2118

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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20230329/2118

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGD99L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070152358-02	30/10/2022	29/10/2023

**Brief Details.**

On 29 March 2023 at about 0810hrs, while I was travelling along CTE towards Tan Tock Seng Hospital, before I exit 7D, I was on the most left lane.

One SBS bus who was on my left lane was changing to my lane and squeezed into my lane and caused a scratch on the front left of my vehicle.

The bus did not stop and left the location.

I only able to get the bus bearing plate number. I am not sure how many passengers the bus was carrying or suffered any damage.



**SINGAPORE  
POLICE FORCE**



T/20230329/2118

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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20230329/2118

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
F /  
SGT 3 LEE SHI HUI; ISABELLA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SR STAFF SGT NEO ZHI YUAN  
Contact No.: 65476079

Signature Of Informant:

Date/Time:  
29/03/2023 19:35

Classification Of Case: