

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 Submission 08/02/2022 19:14 (SGT)
Date of Accident 08/02/2022 07:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE TWDS BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK6278K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CUI SHUCHENG
Passport No/FIN G8073380T
Email Address 845358269@qq.com
Mobile Phone No (Phone) +65-91200666
Alternative Phone No +65-91200666

VEHICLE PARTICULARS

Manufacturer Nissan
Model X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1997

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5124496925
Cover Note Number 09/11/21 - 08/11/22

DRIVER

Name of Driver CUI SHUCHENG
Passport No/FIN G8073380T

Date Of Birth	10/03/1985
Occupation	Indoor
Date Of Driving Pass	01/02/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-91200666
Alt. Phone Number	+65-91200666
Email Address	845358269@qq.com
Address	BLK 322 YISHUN CENTRAL #05-259
Address complement	-
Postcode	760322
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	Drizzling
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CUI ENYA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.
THIRD PARTY CLAIM BY ONE ZONE AUTOMOTIVE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB9467L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CUI SHUCHENG
Gender	Male
Phone No	(Phone) +65-91200666
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC.
Injured person in which vehicle?	SGK6278K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CUI ENYA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC.
Injured person in which vehicle?	SGK6278K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No















**SINGAPORE
POLICE FORCE**



T/20220208/2058

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20220208/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2022 13:25	Vide Report No.: L/20220208/0042	Station Diary No.: 52
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Informant's Particulars			
Name of Informant: CUI SHUCHENG		Address: APT BLK 23 TOA PAYOH EAST #08-203 KIM KEAT PALM SINGAPORE 310023	
ID Type / ID No.: FIN NO / G8073380T		Contact No.: Home/Office: Mobile: 91200666	
Nationality: CHINESE		Email:	
Sex: Male	Age: 36	Date of Birth: 10/03/1985	Type of Informant: Driver
Race: Chinese		Language: Mandarin	Institution / School Name:
Occupation: Working proprietor (manufacturing)		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/02/2022 07:20	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SGK6278K	Car	NISSAN	X-TRAIL 2.0 CVT ABS 4WD S/R 7- STR	White	Slightly Damaged	1
SKB9467L	Car					0

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



**SINGAPORE
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T/20220208/2058

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Report No. T/20220208/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGK6278K	NTUC Income Insurance Co-Operative Limited	5124496925	09/11/2021	08/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CUI SHUCHENG	ID No.	G8073380T	
Related Vehicle	SGK6278K (Car)	Contact No.	91200666	
Hospital/Clinic	PSALMS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL	
Date Treatment	08/02/2022	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	CUI ENYA	ID No.	G3429754T	
Related Vehicle	SGK6278K (Car)	Contact No.	NIL	
Hospital/Clinic	PSALMS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	08/02/2022	Date Discharge	NIL	
No. of Days granted Medical Leave	02	Degree of Injury	Slight	

Brief Details.

On 08/02/2022 at about 0715hrs, I was driving my car bearing registration number SGK6278K along Seletar Expressway (SLE) towards the direction of BKE (PIE); the traffic was congested. While at the slip road into BKE (PIE), the vehicle which was in front of my car, had suddenly stopped, I had then immediately applied brake and managed to stop without hitting the said car.

However after I stopped, a car had collided to the rear of my car. My daughter who was inside my car, at the rear seat and fallen off from her seat due to the impact. I had then helped my daughter to get back to her seat and alighted from my car to check what had happened. A car bearing registration number SKB9467L had collided to the rear of my car, causing dent and the rear bumper was slightly dislodged. I had then asked to exchange for the particulars from the said driver of the car for insurance claimant, however he ran to his car and sped off.

I called the Traffic Police who arrived at the accident scene. The memory card of my dashcam (in-car CCTV) was handed over to the Traffic Police officer. I was advised to lodge a traffic accident / hit-and-run



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T/20220208/2058

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Report No. T/20220208/2058

CONTINUATION OF REPORT

report on the matter. The paramedic from the ambulance check on us, there is no immediate medical attention to convey us to the hospital.

After the accident, I felt sore on my back and my daughter felt slight pain on her left rib, we had consulted doctor and was given 3 days of MC for myself and 02 days of MC for my daughter.

I am lodging this report as instructed by the Traffic Police and also for my insurance claimant.



**SINGAPORE
POLICE FORCE**



T/20220208/2058

Police Station Of Origin:
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Tel No: 1800-8529999

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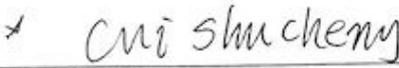
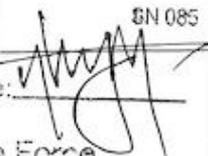
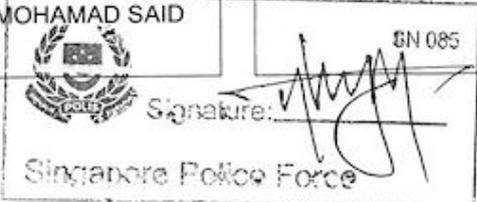
Report No. T/20220208/2058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report L/ Other YAP YHEE HOE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2022 13:25
Officer In Charge Of Case: TP / HRT / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP168	 SN 085 



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: L/20220208/004# 2

I, Sgt(1) 7190159 Nazlyn Elyana
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 SD card. (Sandisk Ultra 32GB)
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Cui Shucheng / G80733807
(Name, NRIC or Passport No. / Rank and No.)

of 11 Yishun Industrial St. 1, North Spring Bizhub #04-103 (768089).
(Address / Police Station / NPC / NPP)

on 08/04/2022 (Date) at 0850hrs (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

Cui
(Signature)
Cui Shu Cheng
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
7190159
Signature
Sgt Nazlyn Elyana
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: *10 Ahmad Syarif : L/20220208/004# 2; 6547 6331

PSALMS FAMILY CLINIC PTE LTD
293 YISHUN STREET 22 01-217, SINGAPORE 760293
Tel1: 67583309

Medical Certificate

Date : 08 Feb 2022 MC No. : 0000052017

This is to certify that :

Name : CUI SHU CHENG
NRIC : G8073380T

is Unfit for Duty for 3 days
from 08 Feb 2022 to 10 Feb 2022 inclusive.


DR LIM SOOK YEAN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

PSALMS FAMILY CLINIC PTE LTD
293 YISHUN STREET 22 01-217, SINGAPORE 760293
Tel1: 67583309

Medical Certificate

Date : 08 Feb 2022 MC No. : 0000052016

This is to certify that :

Name : CUI ENYA
NRIC : G3429754T

is Unfit for Duty for 2 days
from 08 Feb 2022 to 09 Feb 2022 inclusive.


DR LIM SOOK YEAN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*