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 witholding of material facts may allow insurance companies to repudiate policy ability.
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	16/07/2018 16:09
Date Of Accident	14/07/2018 18:10
Exact Location Of Accident	JUNCTION BETWEEN HOUGANG AVE 6 & BUANGKOK DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ975R
Insured/Policyholder	
Name Of Registered Owner	SEAH POH SENG
NRIC No	S1728853I
Email Address	IMPRE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98482699
Alternative Phone No	OFFICE-98482699
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0X AWD 4AT ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17B00055201
Cover Note Number	
Driver	
Name of Driver	YEO KAH MUI
NRIC No	S1684939A
Date Of Birth	19/03/1965
Occupation	INDOOR
Date Of Driving Pass	13/11/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98482699
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK353 HOUGANG AVE 7 #01-723
Postcode	530353
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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.	YES
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 60 HOUGANG AVE 9 , **POSTCODE:** 538775 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4890999 - **FAX NO**: 63128989
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

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	SGG7767E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	YEO KAH MUI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJJ975R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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:

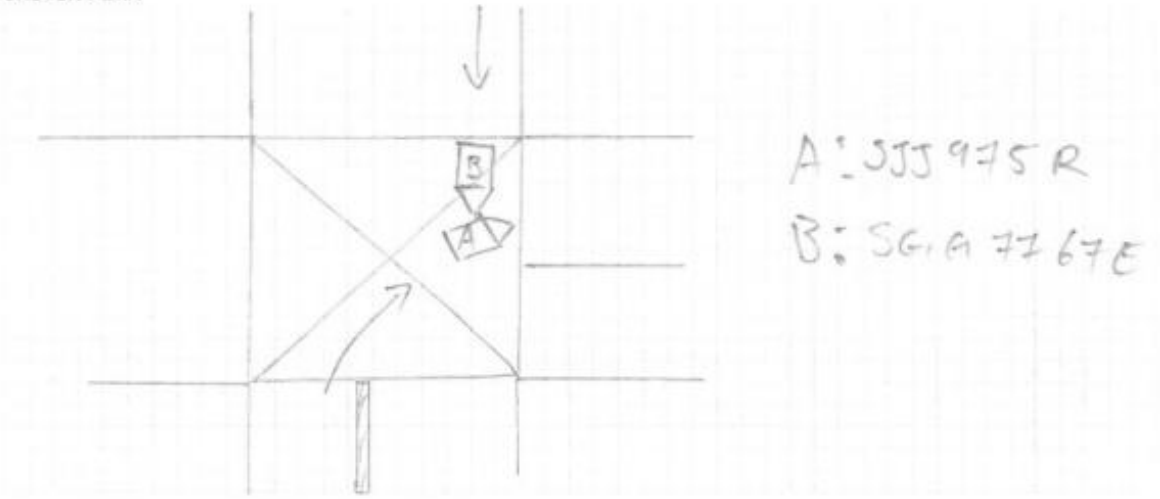
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

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.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number: SGG 7767 E

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver: GOH WEE UP

NRIC/ FIN/ Passport: S7828694 F

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn? ○ Yes ○ No

Was Injured conveyed to hospital by ambulance? ○ Yes ○ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn? ○ Yes ○ No

Was Injured conveyed to Hospital by Ambulance? ○ Yes ○ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect

Date & Time

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

○ Owner
○ Driver

ACCIDENT STATEMENT

Date of Accident: 14/07/18 Time: 18.10 Location of Accident: Junction between hougang ave 6 and bunglok dr

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SJT 975 R
Name of Policyholder: SEAH POH SENG
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1728853I
Address: BLK 353 HOUGANG AVENUE 7 #01-723, S 530353
Contact Number: Tel — Hp 9848 2699
Occupation: outdoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: SUBARU FORESTER 2.0 X AWD 4AT ABS
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Mcycle, Others
Exact Purpose for which vehicle was being used at the time of accident: Private Use.
Are you claiming under your own insurance policy? ○ Yes ✓ No Remarks: Reporting only.
Vehicle category: ✓ Private ○ Commercial ○ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: ECICS
Type of Policy: ✓ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy: ○ Yes ✓ No
Policy Number: MPC 1750005520|

DRIVER

Name of Driver: YEO KAH MUI
NRIC/ FIN/ Passport: S1684939A
Date of Birth: 19-03-1965
Occupation: Sale manager.
Driving Pass Date: 13 NOV 1985
Gender: ○ Male ✓ Female
Contact Number: Tel — Hp 9848 2699
Address:
Email Address:
Was driver an employee of the Insured's Company? ○ Yes ✓ No
If No, relationship of Driver with the Insured: Spouse.
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc): Head to side
Weather Conditions: ✓ Clear ○ Raining ○ Others
Road Surface: ○ Wet ✓ Dry ○ Others
Damage Area: side portion.

1 pax.

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ✓ No ○ Yes
Was anybody injured in the accident? (Including Witness) ○ No ✓ Yes (third party)
Was any other vehicle(s) or property damaged? ○ No ✓ Yes
Was there any camera video footage (in car)? ✓ No ○ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ○ No ✓ Yes
If Yes, please state which police stat on & Report No: Hougang NPC | T/20180714/2168
Was notice of intended Prosecution given? ✓ No ○ Yes
If Yes, against whom?

SINGAPORE POLICE FORCE

T/20160714/2168

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 8 SINGAPORE 538775
Tel No: 1800-4990999

Report No: T/20160714/2168

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
14/07/2016 20:39	F/20160714/0228	116

Informant's Particulars

Name of Informant:			Address:	
YEO KAH MUI			APT BLK 353 HOUGANG AVENUE 7 #01-723 SINGAPORE 530353	
ID Type / ID No.:			Contact No.:	
NRIC NO / S1684939A			Home/Office:	Mobile: 96462689
Nationality:			Email:	
SINGAPORE CITIZEN				
Sex:	Age:	Date of Birth:	Type of Informant:	
Female	53	19/03/1965	Driver	
Race:			Language:	Institution / School Name:
Chinese				
Occupation:			Driving Licence Information:	
Retail/Shop sales meneger			Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2016 18:10	Type of Location: X-Junction

Location:
Junction of Road 1 and Road 2
BUANGKOK DRIVE
HOUGANG AVENUE 6
Junction between hougang ave 6 and buangkok drive

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG7767E	Car				Slightly Damaged	2
SJJ875R	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/2018071 4/2168

Police Station Of Origin:
Hougang N.P.C
90 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800 4880999

Report No: T/2018071 4/2168

CONTINUATION OF REPORT

Driver			
Name	GOH WEE LIP	ID No	S7828694F
Related Vehicle	SGG7767E (Car)	Contact No	97625055
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Driver			
Name	YEO KAH MUI	ID No.	S1634939A
Related Vehicle	SJJ975R (Car)	Contact No.	98482699
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/7/2018 at about 1610hrs, I am driving along the junction between hougang ave 6 and buangkok drive, I was about to make a right turn onto hougang ave 6. I checked that the road was clear before moving off suddenly the car (SGG7767E) collided onto the left side of my car (SJJ975R). The other party alighted the car and we exchanged particulars. I wish to inform that the left side of my car is seriously damaged and the car cannot be drive. The other party front part of the car is also slightly damaged.

I would wish to state that my shoulder and right hand around the wrist area is slightly injured but have yet to consult a doctor. The other party (GOH WEE LIP) was conveyed to hospital as he had a cut and was bleeding.

This incident is attended by a police. F/2018071 4/0228.

I wish to inform that there is no CCTV installed in my vehicle however there is one installed on the other party car.

ics insurance

CERTIFICATE OF INSURANCE

E-DRIVE AUTHORISED WORKSHOPS

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 188)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Order, 1999 (Malaysia)

MZ500
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MPC1700055281
Agency Name: Pana Harrison (Asia) Pte Ltd
Agency Code: 000054

Chassis No: JF1GH5KS5GG015919
Engine No: EJ251U580950

1. Index, Mark and Registration Number of Vehicle: SUH15H

2. Name of Policyholder: SEAH POH SENG

3. Period of Insurance (both dates inclusive): 01 September 2017 to 31 August 2018

4. Persons or Classes of Persons entitled to drive
   a) The Policyholder and all Named Drivers declared under the policy
   b) Any other person who is driving on the Policyholder's order or with his permission.

   Provided that the person driving is permitted in accordance with the licence or other law or regulation 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.

5. Limitations as to Use
   Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trials, speed-testing, the carriage of goods (other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

6. EXCESS APPLICABLE

MINIMUM:	SGD 100.00
SECTION I - INSURED/NAMED DRIVER	SGD 750.00
ADDITIONAL EXCESS UNDER SEAH WONG DRIVERS:	
SECTION I - AGE 372 OR DRIVING EXP OF 36MRS OLD	SGD 2,500.00

Signed for and on behalf of ICICI Limited

Chief Executive Officer

Important Notice!

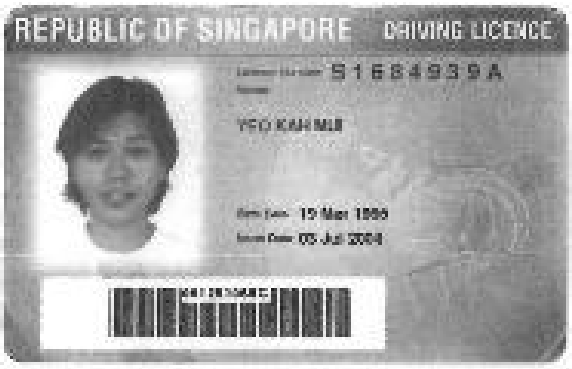
i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use motor vehicle without a valid insurance under the Act.

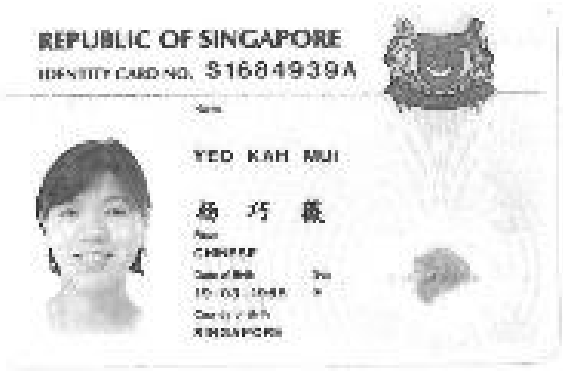
ii) On the sale of a motor vehicle, Policyholder must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).

iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.

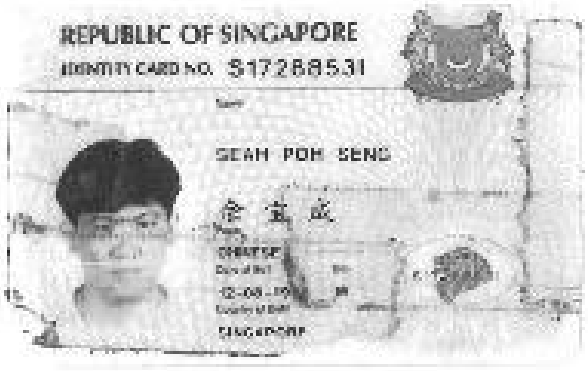
iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

Driving License





Identification Card



Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

DOCTOR LETTER

National Healthcare Group DIAGNOSTICS

Adding years of healthy life

REQUEST FOR RADIOLOGICAL INVESTIGATION

Please bring along the X-ray request form AND your Identity Card / Work Pass / Social Visit / Dependant's Pass / Birth Certificate / Passport or any legal documents by Immigration Department for verification during registration

XR 167569

PATIENT'S INFORMATION

CENTRAL HEALTH (MEDICAL CENTRE)
BLK 681 HOUGANG AVE 8 #01-829 S(530681)

NAME : YEO KAH MUI
NRIC : S1684638A
PCNO : 06259
DOB : 18/03/1966 / 52yrs SEX : F
NATIONALITY : SINGAPOREAN
DATE : 14/07/2018

Sex: Male / Female

(H)

REFERRAL INFORMATION

Clinic Stamp

CENTRAL HEALTH (MEDICAL CENTRE)
Blk 681 Hougang Ave 8
#01-829 Singapore 530681
Tel: 6384 5588 Fax: 6384 9488

Date of Request 14/7/18

PATIENT'S HISTORY

Relevant History / Findings: Involved in RTA, ? whiplash injury (R) sided neck (pain)

Clinical Diagnosis

☑ Screening ☐ For treatment of chronic diseases under CDMP*

M/18068
Dr Rakesh [illegible]
Dr. [signature]

MCR, Name & Signature of Requesting Doctor

Please specify:

OR ☐ Patient pay cash
☑ Bill Clinic $

☐ Report Only
OR ☐ Report and CD
☑ Report and Films

OR ☐ Despatch to clinic
☑ Patient to collect

Special Remarks

Please tick appropriate code number of x-rays requested

Type of X-ray Investigation

Test Code	Head & Neck				
		531	Wrist Joint (Right / Left)	560	Sacro-iliac Joints
500	Facial Bones	532	Wrist Joints (Both)	561	Sternum
501	Nasal Bones	533	Scaphoid Views (Right / Left)	552	Thoracic Spine - AP & LAT (Supine)
502	Internal Auditory Meatus	583	Scaphoid Views (Both)	557	Lumbosacral Spine - Flex & Ext (Supine)
503	Lateral Neck - One Film		**Lower Limbs**	558	Lumbosacral Spine - AP & LAT (Supine)
505	Mandible	534	Ankle Joint (Right / Left)	578	Lumbosacral Spine - Obliques (Supine)
506	Mastoids	535	Ankle Joints (Both)	570	Sacrum
507	Orbits	536	Femur (Right / Left)	571	Coccyx
509	Sinuses, Paranasal	537	Femurs (Both)		
510	Skull (AP & Lateral)	538	Foot (Right / Left)		**Ultrasound #+**
511	Temporo-Mandibular Joints	539	Feet (Both)	600	Liver / Hepatobiliary System
(512)	Cervical Spine (AP & LAT)	540	Toes (Right / Left)	601	Kidneys
513	Cervical Spine (Obliques)	541	Calcaneum (Right / Left)	602	Pelvis
514	Cervical Spine (Open mouth)	542	Calcanei (Both)	603	Abdomen (Liver & Kidneys)
515	Cervical Spine (Flex / Ext)	543	Calcanei - Lateral only (Both)	605	Kidneys & Bladder
		544	Hip Joint (Right / Left)	606	Doppler Leg DVT (1 leg)**
	Upper Limbs	545	Hip Joints (Both)	607	Doppler Leg DVT (Both legs)**
585	Acromio-clavicular Joints	546	Knee Joint (Right / Left)	609	Focussed Breast (Palpable Lump)
586	Sterno-clavicular Joints	547	Knee Joints (Both)	610	Thyroid
517	Clavicle (Right / Left)	548	Skyline View (1 side)	611	1st Trimester Dating Scan
518	Clavicles (Both)	584	Skyline Views (Both)		**Mammogram #+**
519	Fingers (Right / Left)	549	Knees weight bearing (standing) (Both)	572	Screening Mammogram
520	Hand (Right / Left)	550	Tibia and Fibula - leg (Right / Left)	574	Breast Screen Singapore, BSS
521	Hands (Both)	551	Tibia and Fibula (Both)		(Mammogram) - Singaporean
522	Humerus-Arm (Right / Left)		**Trunk**	574PR	Breast Screen Singapore, BSS
523	Humeri (Both)	562	Abdomen / KUB-AP / supine		(Mammogram) - PR
524	Radius and Ulna Forearm (Right / Left)	563	Abdomen-erect / decubitus		
525	Radius and Ulna (Both)	565	Pelvis		**Bone Mineral Densitometry (Dexa)+**
526	Elbow Joint (Right / Left)	566	Chest - PA		
527	Elbow Joints (Both)	567	Chest - PA & Lateral	580	BMD
528	Shoulder Joint (Right / Left)	685	Chest - Lateral (Right / Left)		**Add On**
530	Shoulder Joints (Both)	587	Chest - Oblique (Right / Left)	573	Additional View
529	Scapula (Right / Left)	559	Chest - Apical	591	Film printing cost (per film)
589	Scapula (Both)	560	Ribs - PA & Oblique (Right / Left)	997	Copy of report
				595	CD printing cost (per CD)

Radiographer's Initials:

Remarks:

Date / Time of Examination:

I am not Pregnant (if applicable)

Signature of Patient LMP

Please note:

**Doppler scans are performed at NHGD Ang Mo Kio - Thye Hua Kwan Hospital

+ By Appointment, please contact ...
# Preparation required
...

FORM-DAD-...

CENTRAL 24HR CLINIC (HOUGANG)
BLOCK 681 HOUGANG AVE 5
#01-831 SINGAPORE 530681

Medical Certificate

Date : 15 Jul 2018
MC No. : 0000396729

This is to certify that :

Name : YEO KAH MUI
NRIC : S1684939A

is Unfit for Work for 1 day

on 15/07/2018 only

DR ONG THENG SUNG
MBBS (SINGAPORE)
MCR 00815G

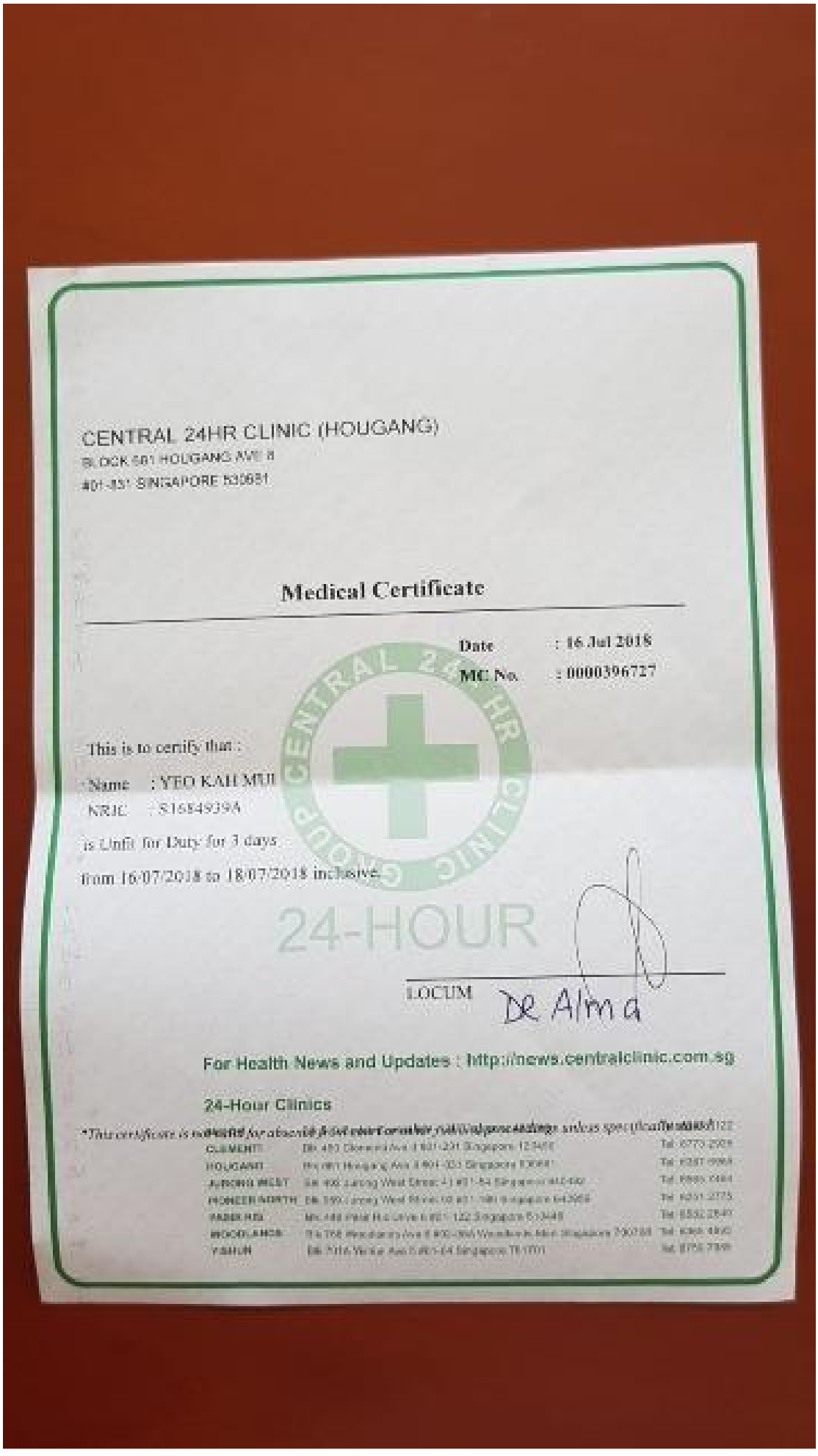
LOCUM

For Health News and Updates : http://news.centralclinic.com.sg

24-Hour Clinics

*This certificate is not valid for absence from [illegible]

CLEMENTI	Blk 450 Clementi Ave 3 #01-231 Singapore 120450	Tel: 6773 2505
HOUGANG	Blk 681 Hougang Ave 5 #01-831 Singapore 530681	Tel: 6387 6663
JURONG WEST	Blk 492 Jurong West Street 41 #01-04 Singapore 640492	Tel: 6565 7484
WOODLANDS	Blk 716 Woodlands Ave 6 #03-09A Woodlands Civil Singapore 738347	Tel: 6365 6868
YISHUN	Blk 731A Yishun Ave 5 #01-04 Singapore 760731	Tel: 6756 7500



CENTRAL 24HR CLINIC (HOUGANG)
BLOCK 681 HOUGANG AVE 8
#01-83/ SINGAPORE 530681

Medical Certificate

Date : 16 Jul 2018
MC No. : 0000396727

This is to certify that :

Name : YEO KAH MUI
NRIC : S1684939A

is Unfit for Duty for 3 days

from 16/07/2018 to 18/07/2018 inclusive.

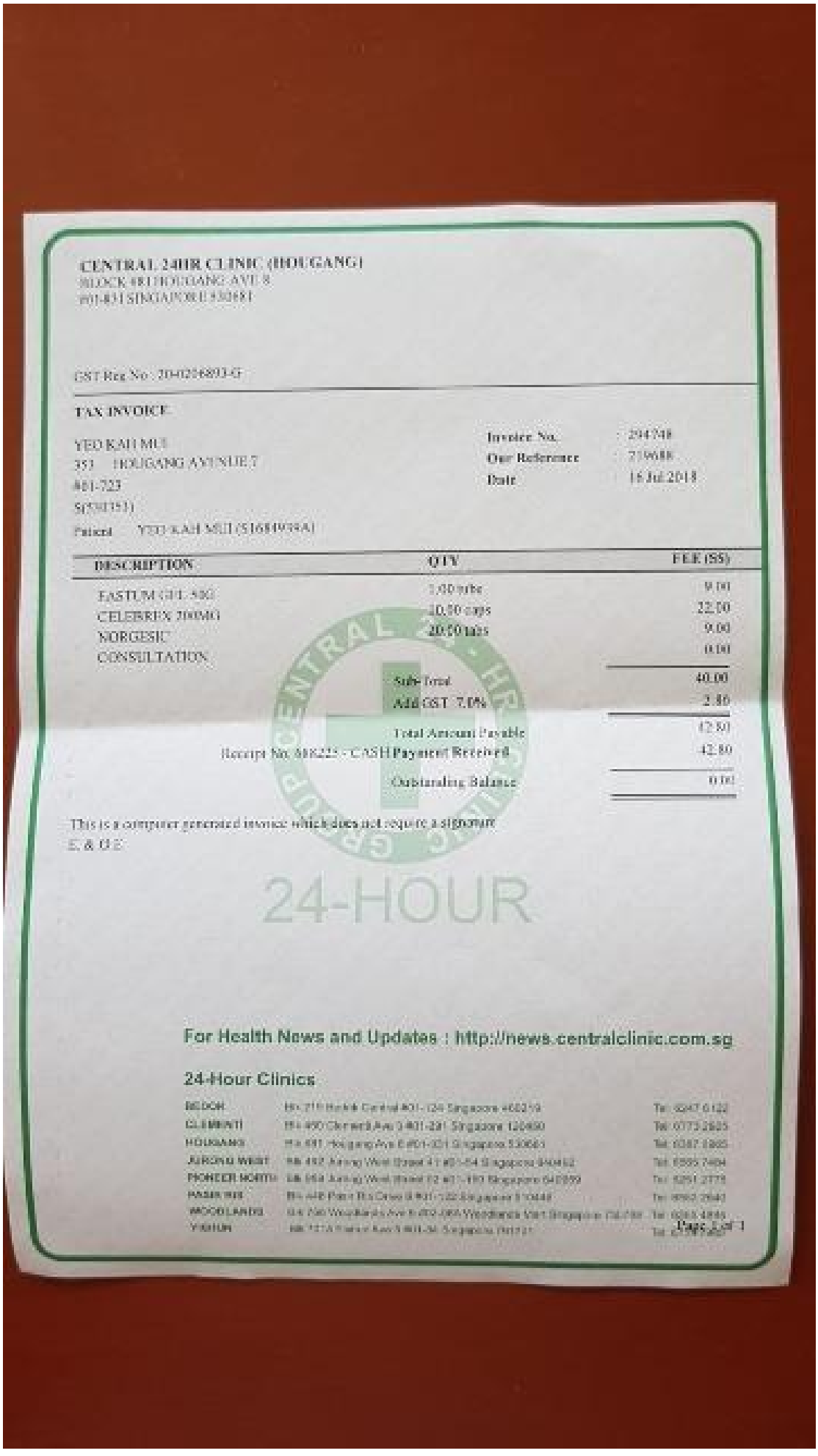
LOCUM Dr Alma

For Health News and Updates : http://news.centralclinic.com.sg

24-Hour Clinics

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

CLEMENTI	Blk 452 Clementi Ave 3 #01-231 Singapore 120452	Tel: 6773 2001
HOUGANG	Blk 681 Hougang Ave 8 #01-83 Singapore 530681	Tel: 6287 0993
JURONG WEST	Blk 490 Jurong West Street 41 #01-54 Singapore 640490	Tel: 6560 4484
PIONEER NORTH	Blk 660 Jurong West Street 65 #01-1081 Singapore 640660	Tel: 6261 2775
RACE RD	Blk 488 Race Rd Unit 1 #01-122 Singapore 210488	Tel: 6392 2849
WOODLANDS	Blk 768 Woodlands Ave 6 #00-365 Woodlands Mart Singapore 730768	Tel: 6365 6845
YISHUN	Blk 706 Yishun Ave 5 #01-04 Singapore 760706	Tel: 6755 7899



CENTRAL 24HR CLINIC (HOUGANG)
BLOCK 681 HOUGANG AVE 8
#01-831 SINGAPORE 530681

GST Reg No : 201026803-G

TAX INVOICE

YEO KAH MUI
351 HOUGANG AVENUE 7
#01-723
S(530351)

Invoice No. : 294748
Our Reference : 219688
Date : 16 Jul 2018

Patient : YEO KAH MUI (S1681939A)

DESCRIPTION	QTY	FEE (S$)
FASTUM GEL 30G	1.00 tube	9.00
CELEBREX 200MG	10.00 caps	22.00
NORGESIC	20.00 tabs	9.00
CONSULTATION		0.00
	Sub-Total	40.00
	Add GST 7.0%	2.80
	Total Amount Payable	42.80
Receipt No. 886225 - CASH Payment Received		42.80
	Outstanding Balance	0.00

This is a computer generated invoice which does not require a signature
E. & O.E.

24-HOUR

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24-Hour Clinics

BEDOK	Blk 216 Bedok Central #01-124 Singapore 460216	Tel: 6247 6122
CLEMENTI	Blk 450 Clementi Ave 3 #01-231 Singapore 120450	Tel: 6773 2825
HOUGANG	Blk 681 Hougang Ave 8 #01-321 Singapore 530681	Tel: 6287 3805
JURONG WEST	Blk 492 Jurong West Street 41 #01-04 Singapore 640492	Tel: 6565 7494
PIONEER NORTH	Blk 664 Jurong West Street 62 #01-193 Singapore 640664	Tel: 6261 2775
PASIR RIS	Blk 448 Pasir Ris Drive 6 #01-122 Singapore 510448	Tel: 6582 2640
WOODLANDS	Blk 768 Woodlands Ave 6 #02-264 Woodlands Mart Singapore 730768	Tel: 6363 4848
YISHUN	Blk 721A Yishun Ave 5 #01-34 Singapore 760721	Tel: 6758 4822

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RECEIPT

NHG Diagnostics
Hougang Polyclinic
89 Hougang Ave 4
Singapore 538829
Tel: 6275 6443

RCP NO:
OOSOO1095079

Cervical Spine - 2 views
#1 @ 49.25 49.25

TOTAL $ 49.25
CASH $ 50.00
CHANGE $ 0.75
GST 7% Incl ($3.22)
Total Qty (1)

NRIC: S1684939A
NAME: YEO KAH MUI
REF CD: 208649
REF NM:: Central Health (Medical
FORM NO: XR 167569

16/07/2018 11:26:53 VASANTHI D 1 00
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