

## 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 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	04/09/2018 15:41
Date Of Accident	04/09/2018 08:30
Exact Location Of Accident	UPPER CHANGI ROAD EAST TOWARDS EXPO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL1380K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL AZHAR KHAN
NRIC No	S1778253C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97839936
Alternative Phone No	OFFICE-97839936

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO-1.4 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1549636
Cover Note Number	

### Driver

Name of Driver	ABDUL AZHAR KHAN
NRIC No	S1778253C
Date Of Birth	10/07/1966
Occupation	INDOOR
Date Of Driving Pass	18/12/1984
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97839936
Fax Number	
Contact Number	OFFICE-97839936
EEmail Address	NOEMAIL

Address	6 SIM DRIVE
Postcode	387388
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : KEARLERY
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO REPORT ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC6387G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TANKER
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJK219K  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGZ2338T  
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

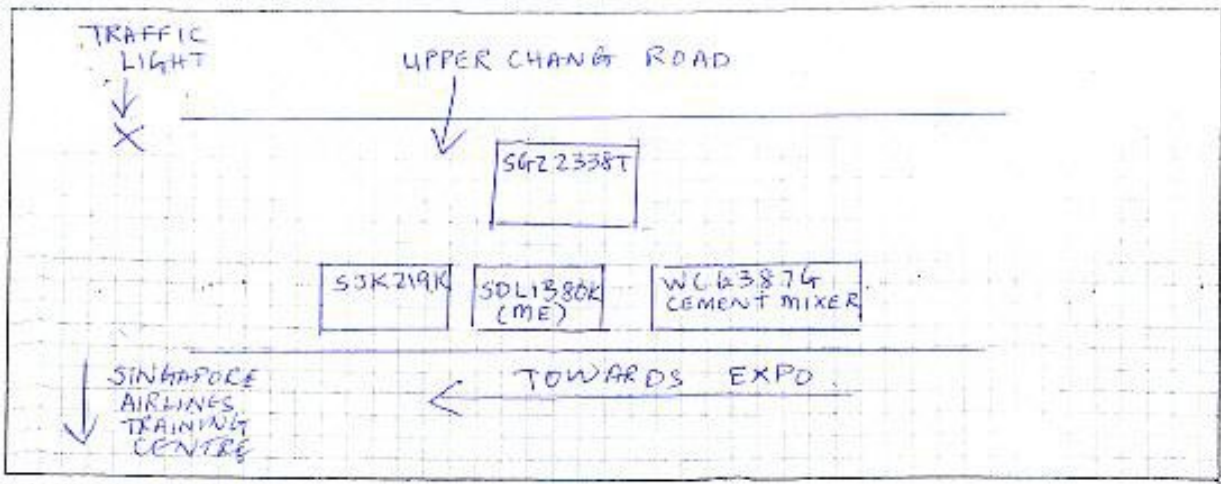
Name KEARLEY TRACY  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ABDUL AZHAR  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

## SEARCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date &amp; Time

04/08/2018

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

## Sketch Plan #2

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Policyholder's Signature

Date & Time:

04/08/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180904/2055

1 of 4

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872899

Report No: T/20180904/2055

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2018 13:56		Video Report No.: G/20180904/0051		Station Diary No.: 42	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL AZHAR KHAN			Address: 6 SIMS DRIVE #18-25 SINGAPORE 387388		
ID Type / ID No.: NRIC NO / S1778253C			Contact No.: Home/Office: Mobile: 97839836		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 10/07/1966	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: IN FLIGHT MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD EAST  TOWARDS EXPO DIRECTLY OUTSIDE SIA TRAINING CENTRE				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
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
SDL1380K	Car	CHEVROLET	ORLANDO 1.4AT TURBO	White		1
SGZ2338T	Car					0
SJK219K	Car					0
WO6387G	CEMENT MIXER					0

# TAXI FARE

To ALPA  
WEEK  
From  
Hospital

COMFORT TRANSPORTATION  
SIN4107J

TRIP NO 090414100  
START 04/09/2018 14:10  
END 04/09/2018 14:26  
DISTANCE RUN 7.00 KM

METER FARE	\$	9.60
TOTAL FARE	\$	9.60
AMOUNT PAID	\$	9.60

CHANGE GENERAL  
HOSPITAL

COMFORT TRANSPORTATION  
SIN3893J

TRIP NO 090418115  
START 04/09/2018 10:11  
END 04/09/2018 10:18  
DISTANCE RUN 7.00 KM

METER FARE	\$	5.65
TOTAL FARE	\$	5.65
AMOUNT PAID	\$	5.65



# INSURANCE CERT

AXA INSURANCE PTE LTD  
 8 Shenton Way, #04-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #R1-J1  
 Tel: 65 (0) 63472266 Fax: 65 (63) 342127  
 Website: www.axa.com.sg  
 GST Registration Number: 199403912M  
 Customer Service@axa.com.sg



## CERTIFICATE OF INSURANCE

• Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) • Motor Vehicles (Third Party Risks and Compensation) Rules, 1960 • Road Transport Act, 1987 (Malaysia) • Motor Vehicles (Third-Party Risks) Rules, 1965 (Malaysia)

CERTIFICATE NO. : VPA/P1349618 Account No. : 04133  
 Coverage : Comprehensive  
 Sum Insured : Market Value At The Time Of Loss  
 Name of Policy Holder : ABDUL AZHAR KHAN  
 Vehicle Registration No. : SCL1380K  
 Period of Insurance : From 24/09/2017 To 23/09/2018 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder  
 The Policyholder may also drive a motor car not belonging to or not hired under a hire purchase agreement or otherwise, to him or his employee or his partner  
 (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 licensing or other 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.

### LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover : use for hire or reward, racing, pace-making, eligibility trial, speedtesting, the carriage of goods other than samples in connection with any kind of business or use for any purpose in connection with motor trade; or when the motor car, whether stationary, in use or otherwise, is in or on a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

Basic Own Damage Excess : SGD 1,000.00

An Additional Excess is applicable as follows:  
 SGD80.00 For Unrated Authorized Driver &/or Declared Young & Inexperienced Driver.  
 SGD 800.00 for Unrated Young and Inexperienced Driver.  
 (Please refer to your policy on the terms & conditions)

\* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 36 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I 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).

### N.B. (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all YOUR accident repairs insured by AXA.  
 Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:  
 - 50% NCD - Nil Excess  
 - 3% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAC02 on 04/09/2017

### IMPORTANT

Policyholders are warned that on the sale of a motor vehicle they must surrender 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 the correct must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium currently shown requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, certificate and endorsement etc.





Changi  
General Hospital  
SingHealth

ORIGINAL

## MEDICAL CERTIFICATE

EMD2018172361

Name <b>KEARLEY TRACY PATRICIA, BONIFACE</b>		APIC No. <b>81750002J</b>
This is to certify that the above named is unfit for duty for a period of <u>3</u> days from <u>04-Sep-2018</u> to <u>06-Sep-2018</u>		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalisation Leave	<input checked="" type="checkbox"/> Sickness Leave	Detained on _____
Admitted on _____	<input type="checkbox"/> Maternity Leave	Discharged on _____
Discharged on _____	<input type="checkbox"/> Death/Donation Leave	
This certificate is not valid for absence from court attendance.		
Diagnosis back contusion		Surgical Operation (if applicable)
For long-term study leave: <u>N.A.</u> to <u>N.A.</u>		
Comments:		
The above named person attended my clinic at _____ on _____		
Medical leave is necessary		
Report/Clinic Emergency Medicine Changi General Hospital	Name/Id. CGH Accident & Emergency Date 04-Sep-2018	Signature, Name (in BLOCK LETTERS) and Designation/MOR No.  MOR No. 2H050-15555C



Changi  
General Hospital  
SingHealth

ORIGINAL

# MEDICAL CERTIFICATE

EMD2018172411

Name <b>ABDUL AZHAR KHAN</b>		NPPC No. <b>817702630</b>	
This is to verify that the above named is unfit for duty for a period of <u>5</u> days from <u>04-Sep-2018</u> to <u>09-Sep-2018</u>			
Type of medical leave granted			
<input type="checkbox"/> Suspension Leave		<input checked="" type="checkbox"/> Quaternary Sick Leave	
Admission on <u>                    </u>		<input type="checkbox"/> Absentee Leave	
Discharged on <u>                    </u>		<input type="checkbox"/> Certification Leave	
		Delivered at <u>                    </u>	
		Operated at <u>                    </u>	
This certificate is not valid for absence from court attendance.			
Diagnosis Conclusion		Surgical Condition (if applicable)	
Prior to duty from <u>N.A.</u> to <u>N.A.</u> Comments:			
The above named person attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> for medical leave is necessary.			
Hospital/Clinic  Emergency Medicine  Changi General Hospital		Ward No. CGH Accident & Emergency Date 04-Sep-2018 Signature (Name (in BLOCK), NPPC No. and Designation) MOK YI ZHONG, 81266C	

# MEDICAL CERT



Please bring Identity Card/Passport / Work permit / Birth Certificate (if < 12 yrs)

## General Practitioner Referral

To: ATTENDING DOCTOR

TCU Duration : 1 week

Thank you for referring the patient to CGH A&E

Date of Visit : 04-Sep-2018 10:25  
 Name of patient : ABDUL AZHAR KHAN  
 NRIC : S1778253C Account Number : 8916402148B  
 Address : Blk 6 #10-25 SIMS DRIVE Singapore 387388  
 Telephone : 63487257, 97636036  
 Date of Birth : 10-Jul-1995 Sex : Male Race : Indian

**FINAL DIAGNOSIS :** Contusion

### Referral Remarks

... 1 week

### Triage Information

Time Of Triage : 04-Sep-2018 10:33 Triage Category : P3  
 Travel History : Yes Travel in the last 21 days? : No  
 Does patient have Fever or Flu-like Symptoms in the last 21 days? : No  
 Chief Complaint : RTA 2 hours ago, Pt c/o of right shoulder and neck pain.

### Vital Signs

Temperature (°C) :	38.9	Shock Index :	0.49
Pulse Rate (/min) :	66	Adjusted Shock Index :	
Respiration (/min) :	18	PEFR :	
Blood Pressure (mmHg) :	135/78	SaO2 :	98
Blood Sugar (mmol/L) :		Level of Consciousness :	0: Alert
Weight (kg) :		MEW Score :	1
GCS :		Total GCS :	

Eye Opening :	Verbal Response :	Motor Response :
Unable to Assess :		Location :
Pain Score :	2 - Mild Pain	Duration :
		Quality :
		right shoulder
		today
		sore

### Main Complaints

Mok Yi Zhong  
 Doctor  
 dr16266c

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 1 of 4

04 Sep 2018 11:02

# MEDICAL CERT



Changi  
General Hospital  
Sengkang

## General Practitioner Referral

Date of Visit : 04-Sep-2018 10:35  
Name of patient : ABDUL AZHAR KHAN  
NRIC : S1778293C Account Number : 8918402148B  
Address : Blk 6 #18-25 SIMS DRIVE Singapore 387388  
Telephone : 83457257, 97839938  
Date of Birth : 10-Jul-1986 Sex : Male Race : Indian

### Chief Complaint:

==== History of Presenting Complaints ====  
neck and right shoulder pain post RTA today  
1. Road traffic accident  
- Occurred at 0800hrs today, post RTA contusion  
- Driver, seatbelt on and not hung, was involved in a side on collision  
- Was wearing seat belts, airbags were not deployed  
- Patient did not fly out of the vehicle  
- Patient did not experience loss of consciousness  
- Post-incident had right sided neck and shoulder aches, no upper limb weakness/ numbness  
- No headache, neck pain, no nausea, vomiting, giddiness, blurring of vision  
- No chest pain, shortness of breath, palpitations  
- No abdominal pain, urinary/bowel incontinence

### Physical Examination

#### Physical Exam 1:

Walked into clinic room, gait steady  
Patient alert, comfortable, GCS 15  
Oriented to time place and person

Cranial nerves intact, EOM full  
Pupils equal and reactive to light, bilaterally 3mm  
No dysmetria, dysidiadochokinesis

Heart sounds dual  
Lungs clear, no crepitations  
Abdomen soft, non-tender, no palpable masses

No skull tenderness, no cephalohematoma  
No tenderness over facial bones  
No neck tenderness, neck ROM full pain free - lateral flexion, rotation, flexion, extension all full, no  
stop deformity  
however does have right sided neck discomfort radiating to upper shoulder  
no swelling/ deformity

	R	L
C5	5/2	5/2
C6	5/2	5/2
C7	5/2	5/2
C8	5/2	5/2
T1	5/2	5/2

right shoulder range of movement full, no swelling/ no tenderness  
mildly tender over the trapezius muscle  
No humerus/radio/ulnar tenderness bilaterally  
No wrist joint tenderness bilaterally  
No hand bone tenderness

Mok Yi Zhong  
Doctor  
0162666

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

## MEDICAL CERT



Changi  
General Hospital

Singapore

### General Practitioner Referral

Date of Visit : 04-Sep-2018 10:26  
Name of patient : ABDUL AZHAR KHAN  
NRIC : S1778253C Account Number : 09184021488  
Address : BH 6 #10-25 SIMS DRIVE Singapore 387385  
Telephone : 63457257, 97636936  
Date of Birth : 10-Jul-1985 Sex : Male Race : Indian

No fingers tenderness  
Radial pulse 2+, sensation intact

Chest compression negative  
Pelvic compression negative  
No midline lumbar spinal tenderness, no step deformity  
Hip pain free on palpation, active ROM full 0-60  
- Internal, external rotation pain free bilateral hip joints  
No femur tenderness bilaterally  
No knee joint tenderness  
No tibia, fibular tenderness bilaterally  
No ankle tenderness  
No foot bone tenderness  
No toe tenderness

Bilateral lower limb GP 2+, CRT <2s, sensation intact

	R	L
L2	5/2	5/2
L3	5/2	5/2
L4	5/2	5/2
L5	5/2	5/2
S1	5/2	5/2

Digital Rectal Exam:  
No PR blood/melena  
Anal tone intact, no saddle anaesthesia  
No rectal masses

### Doctor's Notes

Initial Progress Notes: post RTA contusion  
discussed with patient, agreeable no indication for X rays for now  
as no direct trauma, no bony tenderness over neck and shoulder, range of movement full  
agreeable for trial of sympt medications and rest, will refer to GPOPS for review if pain not better  
after 1 week  
medications as in prescription

### Disposition

Disposition :	Referred to GP	Disposition By :	Doctor Mok Yi Zhong
Disposition DateTime :	04-Sep-2018 11:52:01	Condition on Disposition :	Good

Mok Yi Zhong  
Doctor  
0182660

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 3 of 4

04-Sep-2018 11:52

## MEDICAL CERT



Changi  
General Hospital

### General Practitioner Referral

Date of Visit : 04-Sep-2018 10:25  
Name of patient : ABDUL AZHAR KHAN  
NRIC : S17752530 Account Number : 65184021468  
Address : Blk 6 #15-25 SMS DRIVE Singapore 387388  
Telephone : 63457267, 67838930  
Date of Birth : 10-Jul-1965 Sex : Male Race : Indian

#### Accident Type

Accident Type : Road Traffic

Mok Yi Zhong  
Doctor  
dr16255c

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

# MEDICAL CERT



Changi  
General Hospital  
SingHealth

**GPFIRST**  
YOUR FAMILY DOCTOR, YOUR FIRST STOP  
www.gpfirst.sg

## A&E Discharge Summary

Date of Visit : 04-Sep-2018 10:25  
Name of patient : KEARLEY TRACY PATRICIA, BONIFACE  
NRIC : S1796682J Account Number : 8918402145D  
Address : Blk 5 #16-25 SIMS DRIVE Singapore 387358  
Telephone : 63457257, 96750633  
Date of Birth : 24-Nov-1987 Sex : Female Race : Eurasian

Final Diagnosis : Contusion

### Triage Information

Time Of Triage : 04-Sep-2018 10:31 Triage Category : P3  
Travel History : Yes Travel in the last 21 days? : No  
Does patient have Fever or Flu-like Symptoms in the last 21 days? : No  
Chief Complaint : lower back pain after involving in RTA, nil nausea nil vomiting, able to ambulate  
Additional Chief Complaint : patient was a front seat passenger

### Vital Signs

Temperature (°C) :	38.7	Shock Index :	0.55
Pulse Rate (b/min) :	75	Adjusted Shock Index :	
Respiration (b/min) :	18	PEPR :	
Blood Pressure (mmHg) :	136/90	SaO2 :	98
Blood Sugar (mmol/l) :		Level of Consciousness :	G: Alert
Weight (kg) :		MEV Score :	1
GCS :		Total GCS :	15

Eye Opening :	Verbal Response :	Motor Response :
Unable to Assess	<input type="checkbox"/>	
Pain Score :	2 - Mild Pain	Location : lower back Duration : today Quality : aching

### Chief Complaints

Chief Complaint: **==== History of Presenting Complaints ====**  
 1. Road traffic accident  
 - Occurred at 0855hrs  
 - Patient was front seat passenger, seatbelt was on  
 - Was involved in a side on collision from another vehicle  
 - Was wearing seat belts, airbags were not deployed  
 - Patient did not fly out of the vehicle  
 - Patient did not experience loss of consciousness  
 - Post-incident had lower back pain moderate severity,  
 - No headache, neck pain, no nausea, vomiting, giddiness, blurring of vision  
 - No chest pain, shortness of breath, palpitations  
 - No abdominal pain, urinary/bowel incontinence

Mok Yi Zhong  
Doctor  
dri6265c

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 1 of 4

CONFIDENTIAL

04-Sep-2018 11:31



# MEDICAL CERT



## A&E Discharge Summary

Date of Visit : 04-Sep-2018 10:25  
 Name of patient : KEARLEY TRACY PATRICIA, BONIFACE  
 NRIC : S1706682J Accident Number : 0510402145D  
 Address : Blk 6 #10-25 SIMS DRIVE Singapore 387388  
 Telephone : 63457257, 96750633  
 Date of Birth : 24-Nov-1967 Sex : Female Race : Eurasian

### Physical Examination

Physical Image Data/Physical Findings 1:

Walked into clinic room, gait steady  
 Patient alert, comfortable, GCS 15  
 Oriented to time place and persons

Cranial nerves intact, EOM full  
 Pupils equal and reactive to light, bilaterally 3mm  
 No nystagmus, dysdiadochokinesis

Heart sounds dual  
 Lungs clear, no crepitations  
 Abdomen soft, non-tender, no pulsatile masses

No skull tenderness, no cephalohematoma  
 No tenderness over facial bones  
 No neck tenderness, neck ROM full pain free - lateral flexion, rotation, flexion, extension all full, no step deformity

	R	L
C5	5/2	5/2
C6	5/2	5/2
C7	5/2	5/2
C8	5/2	5/2
T1	5/2	5/2

No shoulder tenderness  
 No humerus/radial/ulnar tenderness bilaterally  
 No wrist joint tenderness bilaterally  
 No hand bone tenderness  
 No fingers tenderness  
 Radial pulse 2+, sensation intact

Chest compression negative  
 Pelvic compression negative  
 Mid lower midline lumbar spinal tenderness, no step deformity  
 Hip pain free on palpation, active ROM full 0-90  
 - Internal, external rotation pain free bilateral hip joints  
 No femur tenderness bilaterally  
 No knee joint tenderness  
 No tibia, fibular tenderness bilaterally  
 No ankle tenderness  
 No foot bone tenderness  
 No toe tenderness

Bilateral lower limb DP 2+, CRT<2s, sensation intact

Mok Yi Zhang  
 Doctor  
 dr10206c

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

# MEDICAL CERT



Changi  
General Hospital  
SingHealth



## A&E Discharge Summary

Date of Visit : 04-Sep-2018 10:25  
Name of patient : KEARLEY TRACY PATRICIA, BONIFACE  
NRIC : S1796582J Account Number : 6918402145D  
Address : Blk 8 #16-25 SIMS DRIVE Singapore 387388  
Telephone : 03457257, 96750633  
Date of Birth : 24-Nov-1967 Sex : Female Race : Eurasian

	R	L
L2	S2	S2
L3	S2	S2
L4	S2	S2
L5	S2	S2
S1	S2	S2

Digital Rectal Exam:  
No PR bleed/melena  
Anal tone intact, no saddle anaesthesia  
No rectal masses

### Diagnostic Imaging Results

Diagnostic Interpretation :

Radiology Report

Lumbar spine radiograph

Sagittal alignment of the lumbar spine is maintained with no acute fracture. Minimal reduction of the L4/5 and L5/S1 disc spaces is seen. Bilateral sacroiliac joints appear unremarkable.

Known / Minor

### Doctor's Notes

Initial Progress Notes

post RTA confusion  
X rays normal  
discharged well with sympt medications  
MC given

### Disposition

Disposition	Treated And Discharged	Disposition By :	Doctor Mok Yi Zhong
Disposition Date/Time	04-Sep-2018 11:28	Condition on Disposition :	Good

Mok Yi Zhong  
Doctor  
dr16266c

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 3 of 4

CONFIDENTIAL

04-Sep-2018 11:31

# MEDICAL CERT



Changi  
General Hospital  
SingHealth

**GPFIRST**  
YOUR FAMILY DOCTOR, YOUR FIRST STOP  
www.gpfirst.sg

## A&E Discharge Summary

Date of Visit : 04-Sep-2018 10:25  
Name of patient : KEARLEY TRACY PATRICIA, BONIFACE  
NRIC : S1786882J Account Number : 6918402145D  
Address : Blk 6 #16-25 SIMS DRIVE Singapore 387388  
Telephone : 63457267, 96750633  
Date of Birth : 24-Nov-1967 Sex : Female Race : Eurasian

### Discharge Prescription

Allergy : Not Available

Drug Name	Dosage	Instruction	PRN instruction	Duration / Quantity
ANAREX Tablet (Paracetamol 450mg, Diphenhydramine 36mg)	2 tablet - TDS		Pain	1 week
Diclofenac Sodium EC Tablet	50 mg - TDS			1 week
Famotidine Tablet	20 mg - OM			1 week
Atoprolol 2.5% Gel	1 application - BD		Pain	

### Accident Type

Accident Type : Road Traffic

### Medical Certificate

Outpatient Leave from 04-Sep-2018 to 06-Sep-2018

Mak Yi Zhong  
Doctor  
0152666

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

# MEDICAL CERT



Changi  
General Hospital  
SingHealth

Changi General Hospital

Patient Results

All results performed dates from 04-Mar-2018

Requested By: Mok Yi Zhong (Doctor)

04/09/2018 11:23

KEARLEY TRACY PATRICIA, BONIFACE

Sex: F Age: 50y DOB: 14/11/1967

MRN/Unique ID: S17265821769184621450

CGH Accident & Emergency

Visit Status

Primary Provider

04-Sep-2018 11:04 Lumbar Spine X-ray - AP and lateral

CGCR185014797769

Final

Additional Info

Final Updated

Verified Date/Time : 04/09/2018 11:12 Verified Person : Dr. Lowdeep Singh Verified Section :  
CGH General Radiography Requesting Person : Dr. Cheah Wei Guang  
Performed at : Department of Radiology, Changi General Hospital  
2 Simei Street 3, Singapore 529889

Lumbar Spine X-ray - AP and  
lateral

Final

Completed Date Time 04/09/2018 11:04:36 Procedure ID CGCR185014797769 Procedure  
Description Lumbar Spine X-ray, AP and Lateral  
Clinical Diagnosis: lower back pain

Radiology Report

Lumbar spine radiograph

→ Sagittal alignment of the lumbar spine is maintained with no acute fracture. Minimal  
reduction of the L4/5 and L5/S1 disc spaces is seen.  
Bilateral sacroiliac joints appear unremarkable.

Notes / Minor

Finalized by: Lowdeep Singh, Resident Physician : 634371  
Finalized Date/Time: 4-Sep-2018 11:12 AM

This is an electronically signed document

(For your attention)

End of Report

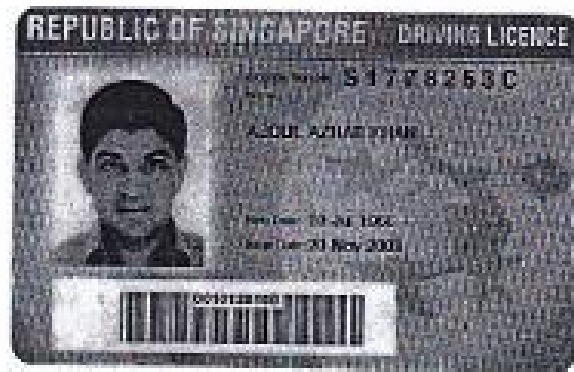
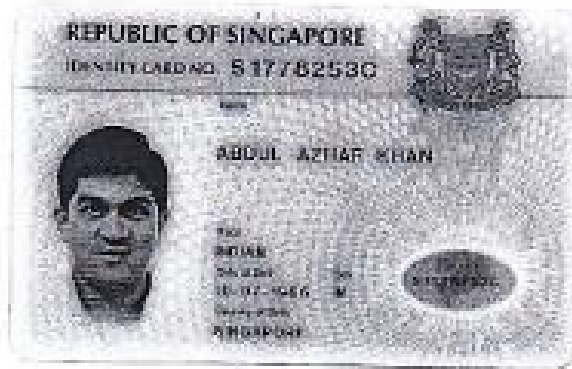
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Original in EMR. Printouts for reference/external use only. Not for scanning/filing into CGH notes.

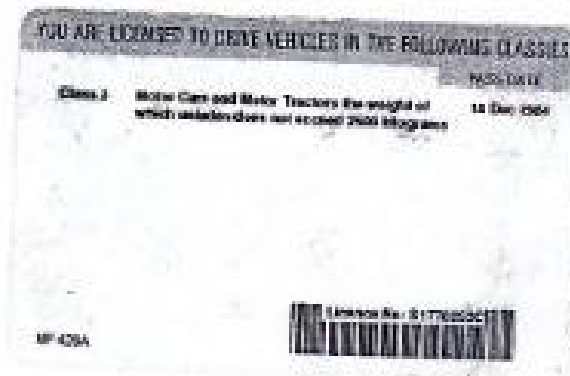
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Page: 1

## Driving License



# Identification Card



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180904/2055

Police Station Of Origin:  
Changi N.P.C  
9 Simel Street 2 SINGAPORE 529914  
Tel No: 1800-5672999

4 of 4

Report No. T/20180904/2055

### 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:

G /

Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Date/Time:

04/09/2018 13:55

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Classification Of Case:

Authentication Stamp  
N.P.C

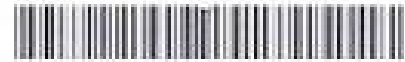




Police Report



SINGAPORE  
POLICE FORCE



T/20180904/2055

Police Station Of Origin:  
Changi N.P.C  
9 Simai Street 2 SINGAPORE 520914  
Tel No: 1800-5872999

3 of 4

Report No. T/20180904/2055

CONTINUATION OF REPORT

Particulars of my wife are:  
S1796682J  
KEARLEY TRACY PATRICIA BINIFACE  
24/11/1967  
6 SIMS DRIVE # 16-25  
H/P: 96750633  
S/A - SHIFT STEWARDESS.

Particulars of the Cement Mixer are:  
Huang Gaoshen  
G5099624Q  
c/o Takhui Construction PTE LTD

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180904/2055

Police Station Of Origin:  
Changi N.P.C.  
9 Simei Street 2 SINGAPORE 529614  
Tel No: 1800-5872999

2 of 4

Report No. T/20180904/2055

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SDL1380K	AXA INSURANCE SINGAPORE PTE LTD	P1549636	24/09/2017	23/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL AZHAR KHAN	ID No.	S1778253C
Related Vehicle	SDL1380K (Car)	Contact No.	97839938
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	04/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	KEARLEY TRACY PATRICIA BONIFACE	ID No.	S1796682J
Related Vehicle	SDL1380K (Car)	Contact No.	96750633
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	04/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 04/09/2018 at 0830hrs I was driving my car (Vehicle A - SDL1380K) was stationary at the traffic light on the extreme left lane (Third lane) I noticed a Cement mixer (Vehicle B- WC6387G) from my rear view mirror that the driver was driving at a fast speed right behind me. I stepped on my brakes to prepare for the impact and suddenly the Cement Mixer collided into my rear. Which caused my car to swerve to the left and collided into the rear bumper of the vehicle (Vehicle C - SJK219K) in front. The Cement mixer then swerved to the right and collided into another car (Vehicle D - SG22338T) on the middle lane.

Traffic Police and 2 ambulances attended to the scene. The driver of vehicle C was conveyed to the hospital. My wife was seated in the front passenger's seat. My wife and I sought treatment from Changi General Hospital I received 5 days of medical leave while my wife received 3 days of medical leave. The rear portion of my car was dented in, windscreen was shattered, both left and right rear lights were smashed, the rear bumper were smashed, the roof's spoiler were damaged as well as my exhaust system was damaged. The impact of the collision caused my armrest to dislodge. I have in car camera footage of the incident as well as photos of the accident.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



OTHER PARTY

**S PASS**  
Employment under Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**TAKHUI CONSTRUCTION PTE. LTD.**

Sector: **CONSTRUCTION**

Name  
**HUANG GAOSHEN**




Occupation  
**LORRY DRIVER**


S Pass No.  
**0 74421652**

Date of Application  
**27-11-2017**

Date of Issue  
**15-12-2017**

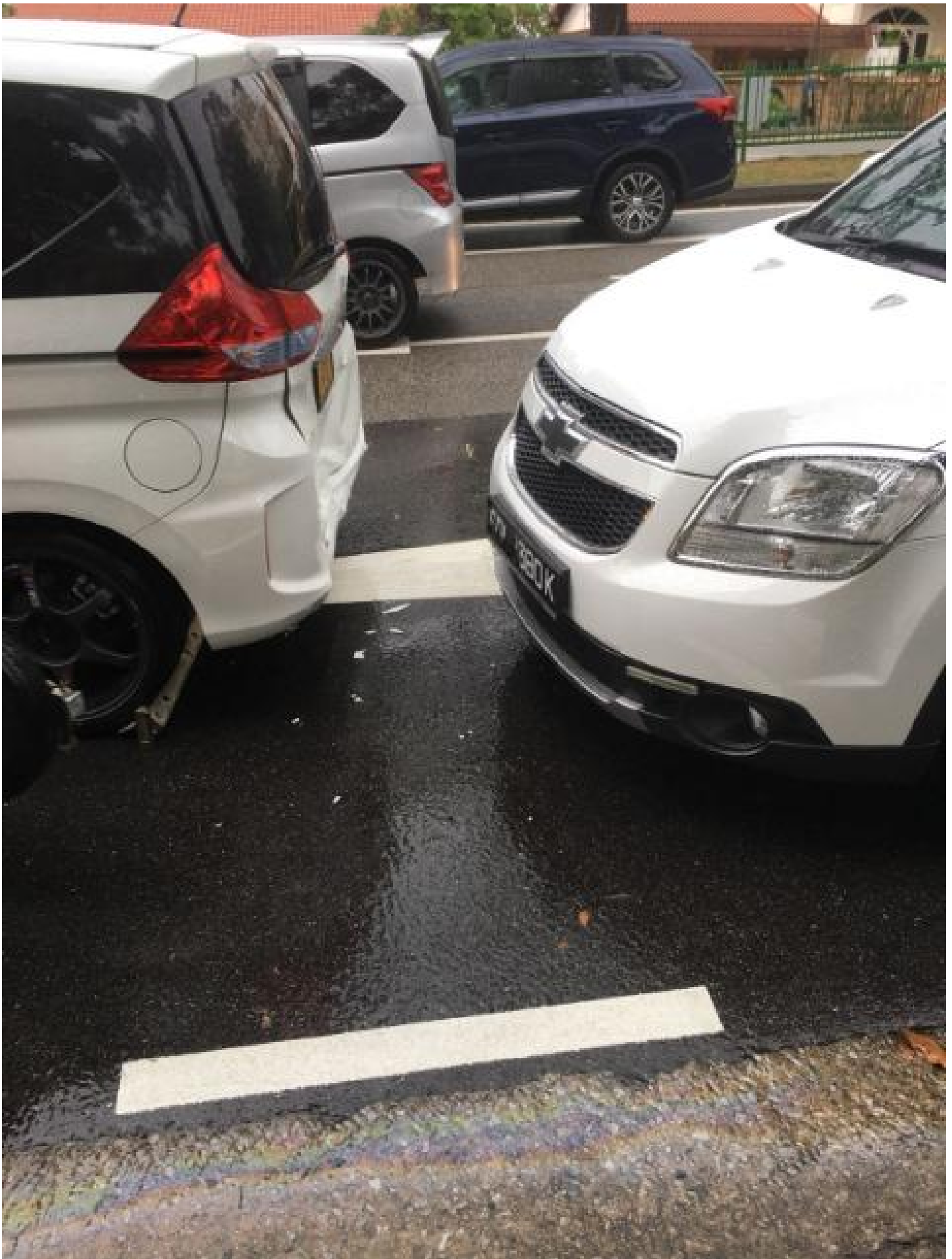
Date of Expiry  
**10-12-2019**



 **L8517796**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

