

## 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 Report	08/10/2018 19:18
Date Of Accident	06/10/2018 10:10
Exact Location Of Accident	JUNCTION FILTERING TO CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2615J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK)
NRIC No	S8030821C
Email Address	DERRICK@TTQM.COM.SG
Mobile Phone No	(LOCAL) +65-92962987
Alternative Phone No	OTHERS-92962987

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104210830
Cover Note Number	

### Driver

Name of Driver	LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK)
NRIC No	S8030821C
Date Of Birth	02/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92962987
Fax Number	
Contact Number	OTHERS-92962987
Email Address	DERRICK@TTQM.COM.SG

Address	237 TANAH MERAH KECHIL AVENUE
Postcode	465746
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : MDM VERONICA MATILDA VIKNARAJ GENDER: : FEMALE
Passenger 2	NAME: : MS FRANCIS MELISSA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SKP6003M
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NICHOLAS CHOO CHUNN THUANG
NRIC/Passport Number	S8115486D
Contact Number	97477850
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name MDM VERONICA MATILDA VIKNARAJ

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJU2615J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name MS. FRANCIS MELISSA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJU2615J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 08/10/2018  
3:30pm

Driver's Signature

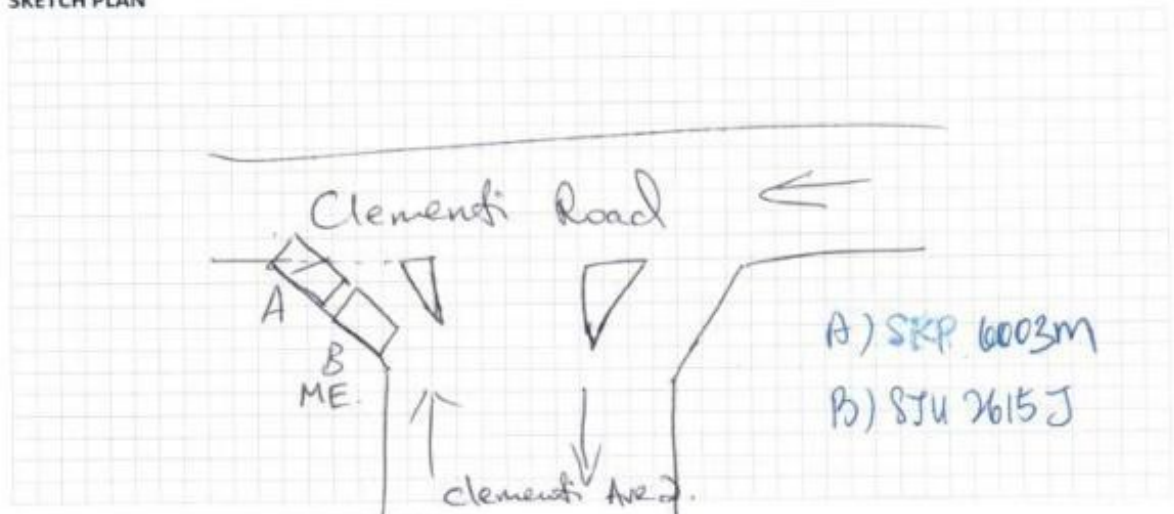
(If driver is not the policyholder)  
Date & Time: 08/10/2018  
3:30pm

Reporting Centre Personnel's Signature

Name: [Signature]  
NRIC/FIN No. [Signature]

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driver of vehicle B. Vehicle A slowed down at Junction of Filter lane. I had came to almost a complete stop when the A vehicle moved forward. I still stop my vehicle but it had knocked slightly on A vehicle. There are no cars in front and/or moving towards A vehicle. Upon the knock, Vehicle A driver & I exchanged details & took details of both vehicles and after which I returned to my vehicle. I just asked my passengers if they are fine. They replied asking "Who's fault was it?" I replied it doesn't matter so long as persons are fine, no injuries. Passenger requested to end trip at their 1st drop off destination and wearing the destination, I asked again if they are fine. They replied "OK". On reaching location I asked a final time if they are fine, they then replied they felt slight pain on their arms. I replied if they need further assistance, pls contact me or grab. After they elight, I moved my vehicle to a parking lot & called grab to take advice. After 15 min, I received a call from passenger's husband complaining about passenger health problem & I inform them I'm still at their block contacting grab & did not leave their location. we proceed to Khoo Teck Hua Hospital & I paid for their medical bills with acknowledgment that the bills are full & final. Acknowledgement form is attached.

## DECLARATION

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

Policyholder's Signature

Date & Time: 08/10/2018  
3.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 08/10/2018  
3.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

This is to state that the  
medical bill has been made & final  
settled for the accident ~~claim~~  
on 06/10.

~~Signature~~

an Passenger  
08/10/2018





**TAX INVOICE as at 06.10.2018**



TO: MDM. VERONICA MATILDA VIKNARAJ  
BLK 668 #09-293  
CHOA CHU KANG CRESCENT  
SINGAPORE - 680668

VISIT DATE  
LOCATION

KHOO TECK PUAT HOSPITAL  
88 YISHUN CENTRAL  
A&E  
SINGAPORE 768028  
DATE/TIME : 06/10/2018 23:45:18  
MO: 188188345720 TID: 47904484  
BATCH NUM : 000020 INVOICE#: 055246

**Sale**

VISA CREDIT  
XXXX XXXX XXXX 4313  
EXP DATE : 11/18  
APP CODE : 826187  
REF NUM : 82761515622  
APP CRYPT : A38F47A875826347  
TVR VALUE : 0000000000  
ACQ VALUE : 4800000000001010  
ENT TYPE: Payment

This Tax Invoice is for charges incurred at Khoo Teck Puat Hospi

Case/Invoice No	Invoice Date	Outs
5718518848G-00001	06.10.2018	

AMOUNT : **\$5120.00**

NO SIGNATURE REQUIRED

**Patient Name: VERONICA MATILDA VIKNARAJ**

**Services**

A&E Facility/Service Fee  
Less Government Subsidy

240.00  
-120.00

120.00

120.00

**Total Amount Payable**

Total amount payable after GST is \$128.40 .  
GST at 7% is absorbed by the Singapore Government: \$8.40

Payer	Adjustment	Payment	Amount Due
VERONICA MATILDA VIKNARAJ	0.00	120.00	0.00

( VISA - 06.10.2018 , RECEIPT #: K003193458 )

*Passenger*

*[Signature]*



## TAX INVOICE as at 06.10.2018



TO: MS. FRANCIS MELISSA  
BLK 505A #03-12  
YISHUN STREET 51  
SINGAPORE - 761505

VISIT DATE  
LOCATION

KHOO TECK PUAT HOSPITAL  
88 YISHUN CENTRAL  
A&E  
SINGAPORE 768828  
Date/Time : 06/10/2018 23:48:38  
MED:188188348720 TID:47984484  
BATCH NBR : 800020 INVOICE#: 051245

Sale

VISA CREDIT  
XXXX XXXX XXXX 4313  
EXP DATE : \*\*/\*\*  
APPR CODE : 567127  
REF NUM : 82741513618  
APP CRYPT : C62BFB120C8A12  
TVR VALUE : 000000000  
AID VALUE : A8600000031810

This Tax Invoice is for charges incurred at Khoo Teck Puat Hosp

Case/Invoice No	Invoice Date	Out
57185188471-00001	06.10.2018	

AMOUNT : S\$120.00

NO SIGNATURE REQUIRED

Patient Name: FRANCIS MELISSA

## Services

A&E Facility/Service Fee  
Less Government Subsidy

240.00  
-120.00

120.00

## Total Amount Payable

120.00

Total amount payable after GST is \$128.40 .  
GST at 7% is absorbed by the Singapore Government: \$8.40

Payer	Adjustment	Payment	Amount Due
FRANCIS MELISSA	0.00	120.00	0.00

( VISA - 06.10.2018 , RECEIPT #: K003193457 )

*Passenger*

*Passenger*





**TAX INVOICE as at 07.10.2018**

**NETS**

TO: MS. FRANCIS MELISSA  
BLK 505A #03-12  
YISHUN STREET 51  
SINGAPORE - 761505

VISIT DATE  
LOCATION

NETSV016.E04  
A&E  
KTPH  
THANK YOU  
111855409000 85540901  
025648 REF:  
NETS PURCHASE SAV  
DBS BANK  
07 OCT 2018 00:35:18  
025648 035246 00  
**TOTAL: \$1.80**

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hos**

**APPROVED**

Case/Invoice No	Invoice Date	OU
57185188471-00001	07.10.2018	

Downloaded NETSPay net7  
www.nets.com.sg/netsPay

**NETS**

**Patient Name: FRANCIS MELISSA**

**Services**

A&E Facility/Service Fee  
Less Government Subsidy

Amount(\$)  
240.00  
-120.00  

---

120.00

**Non-Standard A&E Services**

TRAMADOL HCL 50MG/ML INJ

1.81

**Total Amount Payable**

121.81

Total amount payable after GST is \$130.34  
GST at 7% is absorbed by the Singapore Government: \$8.53

**Payer**

FRANCIS MELISSA\*

\* Self-payer Round Down = 0.01

**Adjustment**  
0.01

**Payment**  
121.80

**Amount Due**  
0.00

*Passenger*

*a/edubus*

# PASSANGER MC



## TAX INVOICE

Page: 1/2

GST REG No : M903702460  
 57332164F  
 JERONICA MATELA VIKARAJ  
 31E 65H 899-293 CHIA CHU KANG  
 PRESCOTT  
 SINGAPORE 680648

ORIGINAL  
 TAX INVOICE : YIFH3093004  
 DATE : 07/10/2018 01:07:05  
 Counter : DEMP, DEM Dispense  
 Ctr 1  
 Cashier : DIANA99608

tx No:DEMP-842565 on 07/10/2018 Patient/Order Type/Fin.Cl: AE/OP/BIL

Account: 57185188480001

PRESCRIBED ITEM(S)

QTY	Gross	Payable
S1 (S1)		
PARACETAMOL 500 MG TAB	30 TA \$1.50	\$0.00
DICLOFENAC SCD - 50 MG - TAB	9 TA \$1.08	\$0.00
Subtotal for S1	\$2.58	
Government Subsidy	-\$2.58	
Payable for S1 after Government Subsidy		\$0.00

S2 (S2)		
OMEPRASOLE 20 MG CAP	3 CP \$0.72	\$0.36
Subtotal for S2	\$0.72	
Government Subsidy	-\$0.36	
Payable for S2 after Government Subsidy		\$0.36

TOTAL AMOUNT	\$3.30	\$0.36
Rounding Adjustment		-\$0.01
PAYMENT: Cash		\$0.30
OUTSTANDING AMOUNT		\$0.00

Cash Change	\$0.15	
-------------	--------	--

Medicines and goods sold are not refundable or exchangeable

Thank you for letting us serve you!

Address: Yishon Health  
 55-57 North Bridge Road, #01-01/02/03  
 Singapore 059211  
 Tel: 6542 2225  
 Fax: 6542 2226  
 Email: yishon@yishon.com.sg  
 Website: www.yishon.com.sg

PASSANGER

ai 08/10/2018

# PASSANGER MC



## TAX INVOICE

Page: 2/2

GST REG No : M903702460  
 87332164P  
 VENOWICA MATILDA VIKHARAJ  
 BLK 448 #01-293 CHOA CHU KANG  
 CREDIT  
 SINGAPORE 680668

ORIGINAL  
 TAX INVOICE : HTH3053004  
 DATE : 07/10/2018 01:07:05  
 Counter : DDMF, DDM Dispense  
 Ctr: 1  
 Cashier : DIAPAN09608

*Passenger*

*g/whisker*

Total amount excluding GST is \$0.36  
 Total amount including GST is \$0.39  
 Total GST for this Bill at 7% is \$0.03 which is absorbed  
 by the Government

Medicines and goods sold are not refundable or exchangeable

Thank you for letting us serve you!

Khoi Teck Pook Hospital Pharmacy Tel: 662 3220

Administrative Medical Centre  
 680110, Block 4, Level 1, 1/1  
 680110, Block 4, Level 1, 1/1  
 Tel: 662 3220, Fax: 662 3220  
 Web: 662 3220

Khoi Teck Pook Hospital  
 680110, Block 4, Level 1, 1/1  
 Tel: 662 3220, Fax: 662 3220  
 Web: 662 3220

Khoi Teck Pook Hospital  
 680110, Block 4, Level 1, 1/1  
 Tel: 662 3220, Fax: 662 3220  
 Web: 662 3220

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



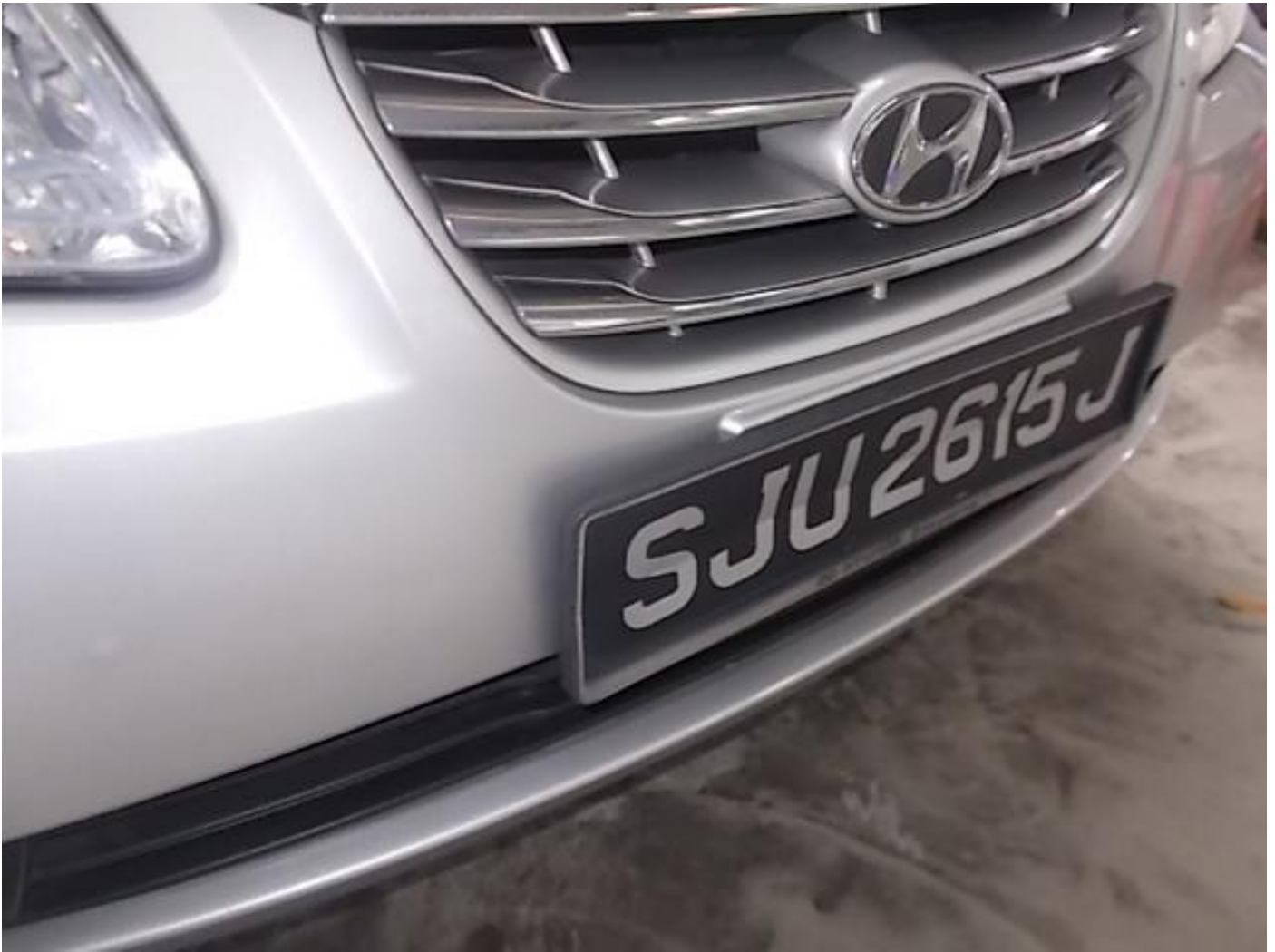
Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



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Accident Photo



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Accident Photo

