

## 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	26/12/2018 09:12
Date Of Accident	24/12/2018 16:15
Exact Location Of Accident	AIRPORT RD ENTER TO KPE ENTRANCE TUNNEL TWDS PUNGG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1066T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH WEE SEN
NRIC No	S8128999I
Email Address	WEISHENG16@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94556519
Alternative Phone No	OTHERS-94556519

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-006446
Cover Note Number	21/09/2018 TO 20/09/2019

### Driver

Name of Driver	LOH WEE SEN
NRIC No	S8128999I
Date Of Birth	25/09/1981
Occupation	INDOOR
Date Of Driving Pass	21/11/2003
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94556519
Fax Number	
Contact Number	OTHERS-94556519
Email Address	WEISHENG16@YAHOO.COM

Address	64 EDGEDALE PLAINS #08-27 (S) 828731
Postcode	
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	4
Passenger 1	NAME: : LIM SHI QI CRYSTAL / S9100852A GENDER: : FEMALE
Passenger 2	NAME: : JESS NG HUI SHI / S9603580B GENDER: : FEMALE
Passenger 3	NAME: : NURULHUDAH BINTE AB.HAMID / S9010771B GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BEDOK POLICE DIVISIONAL HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER WITH ATTACH.

#### 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	SGQ3331C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENG HUAT HENG
NRIC/Passport Number	S1581916B

Contact Number	87985635
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : WIFE
	GENDER: : FEMALE

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFF190G
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAY RAYMOND ( LAI RAYMOND)
NRIC/Passport Number	S7232993G
Contact Number	82988648
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGC665H
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG LI PENG IRIS
NRIC/Passport Number	S7017928H
Contact Number	98210101
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : KIDS
	GENDER: : MALE
Passenger 2	NAME: : KIDS
	GENDER: : FEMALE

#### DETAILS OF INJURED PERSON 1

Name	NURULHUDAH BINTE AB.HAMID
Approximate Age	
Injuries Sustain	SENGKANG GENERAL HOSPITAL - 2DAYS OF MC
Injured person in which vehicle?	SLM1066T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	LIM SHI QI CRYSTAL
Approximate Age	
Injuries Sustain	HEALTHWAY MEDICAL CLINIC
Injured person in which vehicle?	SLM1066T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan Pg. 1

### 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: 26/12/18 10:00am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/12/18 10:00am

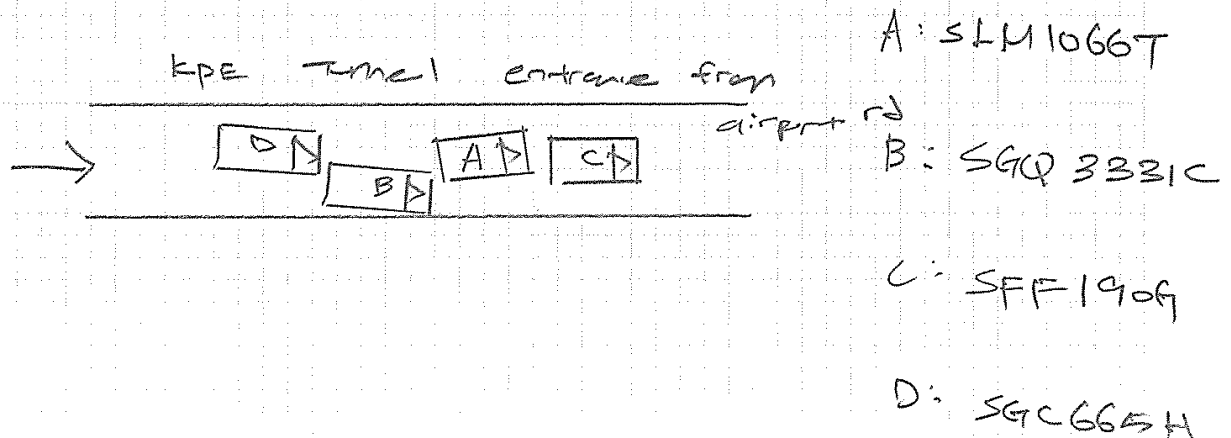


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

3 passenger onboard my car. Entering KPE Tunnel, at the entrance from airport Road. Heavy traffic ahead, I slowed down when almost coming to a stop, the car behind me rammed into my rear causing my car to lunge forward and knock onto the front car. The impact of the collision caused myself and my 3 passengers to be lunged forward. The passengers contacted me later on that night to complain aches and pain at their neck, shoulder, back and ~~thigh~~ thigh. When I alight from my car after the collision, I discover it is a chain collision of 4 cars in total.

DECLARATION

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

Policyholder's Signature

Date & Time: 26/12/18 10:00am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/12/18 10:00am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

insurer's nric & license Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8128999I**

Name: **LOH WEE SEN (LU WEISHENG)**

Birth Date: **25 Sep 1981**

Issue Date: **21 Nov 2003**

1001013001F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8128999I**

Name: **LOH WEE SEN (LU WEISHENG)**


卢伟生

Race: **CHINESE**

Date of birth: **25-09-1981**

Sex: **M**

Country of birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	19 May 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	21 Nov 2003

S8128999I

S / No. 9000020214

Licence No: S8128999I



NP 428A



480489

NTIC No. **S8128999I**

Date of Issue: **22-12-2011**

64 EDGEDALE PLAINS #08-27  
SINGAPORE 828731

NRIC No. **S8128999I** Date: **09/01/2017**

certificate of insurance Pg. 1

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N



**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**PRIVATE CAR  
Comprehensive Classic**

**Certificate No. : DMPPHQ18-006446**

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured & Named Driver S\$500.00 (Section 1 - Own Damage)

Unnamed Driver S\$1,000.00 (Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

**1. Index Mark and Registration Number of Vehicles**

SLM1066T

**2. Name of Policyholder**

LOH WEE SEN

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

21/09/2018

**4. Date of Expiry of Insurance**

20/09/2019

**5. Person or Classes of persons entitled to drive\***

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

EQ Insurance-MARS Motor  
Accident Help Center

**6311 3211**



\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE 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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase :

A000394/KWG Associates Pte Ltd  
Date of Issue : 13/09/2018 11:47

Authorized Signatory  
EQ Insurance Company Limited

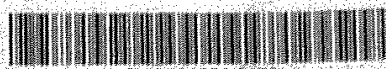
**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.





**SINGAPORE  
POLICE FORCE**



T/20181224/2179

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 4  
Report No. T/20181224/2179

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/12/2018 23:20		Vide Report No.:		Station Diary No.: 207
<b>Informant's Particulars</b>				
Name of Informant: NURULHUDAH BINTE AB HAMID		Address: APT BLK 212C COMPASSVALE DRIVE #07-109 SINGAPORE 543212		
ID Type / ID No.: NRIC NO / S9010771B		Contact No.: Home/Office: Mobile: 94509618		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 28	Date of Birth: 02/04/1990	Type of Informant: Passenger	
Race: Malay		Language:	Institution / School Name:	
Occupation: SINGAPORE CUSTOM		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2018 16:15	Type of Location: Expressway
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY TAMPINES EXPRESSWAY KPE towards TPE				
Weather: Clear		Road Surface: Dry	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: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ3331C				White		1
SLM1066T		HONDA		White		1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20181224/2179

2 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20181224/2179

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HENG HUAT HENG		ID No. S1581916B
Related Vehicle	SGQ3331C		Contact No. 87985635
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 NIL
<b>Passenger</b>			
Name	NURULHUDAH BINTE AB HAMID		ID No. S9010771B
Related Vehicle	SLM1066T		Contact No. 94509618
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 NIL
<b>Driver</b>			
Name	LOH WEE SEN		ID No. NIL
Related Vehicle	SLM1066T		Contact No. 94556519
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 NIL

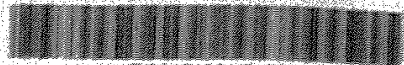
**Brief Details.**

On 24/12/2018 at about 1618hrs, I was in a grab car (Plate number: SLM1066T) along KPE towards TPE when my vehicle was accelerating slowly as the traffic volume was heavy at that point of time. Suddenly, we felt an impact from the back of the vehicle. My driver alighted to make a check and saw one white vehicle (Plate number: SGQ3331C) collided onto the back of my grab car and there was another vehicle collided onto the back of the white vehicle. I did not manage to take down the plate number of the third vehicle.

Subsequently the police and ambulance arrived. The other vehicle's passenger was conveyed. Later that day as I was feeling slightly unwell, I went to see a doctor at Sengkang General Hospital and was issued 2 days of Medical Leave.



SINGAPORE  
POLICE FORCE



T/2018/2242179

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

4 of 4

Report No: T/2018/2242179

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:  
F /  
Sgt 2 LEE LI TING, JOLYNE

Signature Of Informant:

*Handwritten signature*

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/12/2018 23:20

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP185

Signature

Singapore Police Force



GST REG NO. M90368910N

## TAX INVOICE

NURULHUDAH BINTE AB HAMID  
212C COMPASSVALE DRIVE  
#07 109  
SINGAPORE 543212

24.12.2018 / QOPNCK  
EXTERNAL ID/NRIC : 59010771B  
CASE NUMBER : 8118925155F  
CUSTOMER NUMBER : 3021317897  
A&E VISIT : 24.12.2018 18:58  
LOCATION : QEMD QCAEZ  
BILLING DATE : 24.12.2018

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S\$)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S\$)
A&E ATTENDANCE FEE	237.00	121.00
LABORATORY INVESTIGATIONS	38.50	0.00
DRUGS / PRESCRIPTIONS / INJECTIONS	7.88	0.00
X RAY INVESTIGATIONS	302.10	0.00
<b>SUB TOTAL</b>	<b>585.28</b>	<b>121.00</b>
<b>ADDITIONAL SERVICES</b>		
DRUGS / PRESCRIPTIONS / INJECTIONS	3.36	1.68
<b>SUB TOTAL</b>	<b>3.36</b>	<b>1.68</b>
<b>TOTAL CHARGES</b>	<b>588.64</b>	
<b>GOVERNMENT GRANT</b>	<b>465.96</b>	
<b>AMOUNT PAYABLE BEFORE TAX</b>		<b>122.68</b>
<b>ADD : 7% GST</b>		<b>8.59</b>
<b>AMOUNT PAYABLE AFTER TAX</b>		<b>131.27</b>
<b>LESS : GST ABSORBED BY THE GOVERNMENT</b>		<b>8.59</b>
<b>NET AMOUNT PAYABLE</b>		<b>122.68</b>
<b>PAYMENTS</b>		
NURULHUDAH BINTE AB HAMID		<b>0.00</b>
<b>TOTAL DUE AFTER PAYMENTS</b>		<b>122.68</b>
<b>AMOUNT DUE : NURULHUDAH BINTE AB HAMID</b>		

NT: Please pay immediately on receipt of the bill. Payment can be made via Internet at [www.singhealth.com.sg/PayOnline](http://www.singhealth.com.sg/PayOnline), SAM web at <http://www.nhs.uk/sam>, AXS (mobile & at [www.sam.com.sg](http://www.sam.com.sg)), SAM Mobile app, SAM Kiosks, AXS Stations, DBS Internet banking, DBS PayLah! and Singapore Post Office Branches. Cheque payments should be made payable to "Sengkang General Hospital Pte. Ltd.". Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail it to Health Services Pte Ltd, Bukit Merah Central Post Office, PG Box 540, Singapore 911532. All payments will be processed within 1 month from Final Bill date.

Sengkang General Hospital Pte Ltd  
Sengkang East Way Singapore 544886  
[www.singhealth.com.sg](http://www.singhealth.com.sg) Reg No 201220357K



Sengkang  
General Hospital  
SingHealth

Doc / Ver No: NU-FM-010/2  
Date Revised: 18 Jul 2018

OUTPATIENT APPOINTMENT SLIP					
Class	Ward / Dept	Room / Bed	Discharge Date		
	A+E				
<div style="text-align: right;"> </div>					
<p>Dr. NURHIDAH BINTI 341300 AD HAMED (P) 50018771B 8118925155Y 1120 CANTERBURY AVE DRIVE SINGAPORE 540112</p>					
Contact Details					
Patient	Home:	Handphone: 94509618			
Caregiver (if required)	Relationship:	Home:	Handphone:		
Appointment Details					
Date	Time	Hospital	Clinic	Specialty	Service Provider
8/1/18	Tuesday 7:30 pm	Sengkang Hospital	medical centre blk 3	Ortho (General)	
Service on Arrival (SOA):					
Neck and back sprain					
Please tick / *delete as appropriate.					
<input type="checkbox"/> Arrive *1 hour / 2 hours earlier prior to appointment for *investigation / treatment. <input type="checkbox"/> No food and drinks 8 hours before appointment time. <input type="checkbox"/> Please bring all medications on the next appointment. <input type="checkbox"/> Sports attire or loose fitting required for therapy session. <input type="checkbox"/> Other Instructions:					
Documents to bring:					
1. Outpatient Appointment Slip 2. NRIC or Birth Certificate (if age below 16) 3. For foreigners: Passport and Resident documents, e.g. Employment Pass / Work Permit 4. Medical Benefit Card / Civil Service Card / Other relevant documents / referral letter					
To change or cancel your appointment, please call at least 3-5 working days in advanced as per selected institution.					
<input checked="" type="checkbox"/> Sengkang General Hospital - 6930 6000 <input type="checkbox"/> Singapore National Eye Centre - 6227 7266 <input type="checkbox"/> KK Women's and Children's Hospital - 6294 4050 <input type="checkbox"/> National Heart Centre - 6704 2000 <input type="checkbox"/> National Cancer Centre - 6436 8088 <input type="checkbox"/> National Dental Centre - 6324 8802 <input type="checkbox"/> * Other Institution:					
<input type="checkbox"/> We are unable to provide you the appointment details presently. We will contact you within the next 3 working days.					
TCU Duration :					
<input type="checkbox"/> 2-3 weeks <input type="checkbox"/> 4-6 weeks <input type="checkbox"/> 7-8 weeks <input checked="" type="checkbox"/> Others: (Please specify) 1st available					
Type of Case:					
<input checked="" type="checkbox"/> New Case with Memo <input type="checkbox"/> Follow-Up <input type="checkbox"/> Subsidised <input type="checkbox"/> Private					
Doctor: Dr. Lijanasage Bimal A. Specialty: Sub-Specialty:					
Requested By (Staff name): SN Kong ST (ing) - staff Amir					
Ward / Dept Contact No: ED					
Date: 24/12/18					



HEALTHWAY MEDICAL CLINIC  
 118 #02-17 RIVERVALE DRIVE, RIVERVALE PLAZA SINGAPORE 540118 TEL 6881 2689 FAX 6881 2686  
 COMPANY REG. 199400795H GST REG. M201219809

HEALTHWAY  
 MEDICAL

# OFFICIAL RECEIPT

Patient ID : 314727  
 Patient Name : LIM SHI QI CRYSTAL  
 Attending Dr : Locum  
 Invoice No. : IN328895  
 Payment Mode : Cash  
 Date Seen : 25/12/2018 (SK012946705)

PH CONSULT	\$44.58
20 TAB OF ANAREX TABLET	\$8.80
5 TAB OF ARCOXIA 120MG TABLET	\$14.25
10 TAB OF LEFTOSE 30MG TABLET	\$4.00
1 TUB OF WINTOGENO EXTRA CREAM (RED)	\$8.00
<b>Total Charge :</b>	<b>\$79.63</b>
GST @ 7% :	\$5.57
<b>TOTAL AMOUNT :</b>	<b>\$85.20</b>



HEALTHWAY  
 DENTAL

DENTAL SERVICES ALSO AVAILABLE.  
 Please call 6732 2237 for appointment or inquiry.  
 Visit [www.healthwaydentalgroup.com](http://www.healthwaydentalgroup.com) for more details.

This is a computer generated document that does not require a signature.



**SINGAPORE  
POLICE FORCE**



G/20181226/7022

1 of 4

**POLICE REPORT (NP299)**

Report No. G/20181226/7022

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2440000

Date/Time Report Made 26/12/2018 12:25		Vide Report No.		Station Diary No.	
Name Of Informant LOH WEE SEN		Address 64 EDGEDALE PLAINS #08-27 SINGAPORE 828731			
ID Type / ID No. NRIC NO / S8128999I		Contact No. Home/Office:		Mobile: 94556519	
Nationality SINGAPORE CITIZEN		Email Address weisheng16@yahoo.com			
Occupation Telecommunications engineer		Sex Male	Age 37	Date of Birth 25/09/1981	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 24/12/2018 16:15 - 24/12/2018 16:20		Location Of Incident KPE Tunnel Entrance from Airport Road			

**Brief details.**

3 Grab Hitch Passengers were onboard my car.

We were on way to Sengkang and Punggol.

While entering the KPE tunnel, there was a heavy traffic.

I slowed down, when almost coming to a stop, the car behind (SGQ3331C, Heng Huat Heng S1581916B) rammed into my rear.

Causing my car to lunge forward, knocking into the car in front of me.

The impact of the collision caused myself and my 3 passengers to be flunged forward.

Later in the night, my passengers contacted me to complain on aching and pains on their neck, shoulder,

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

26/12/2018 12:25

Classification Of Case:

Authentication Stamp



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POLICE FORCE**



G/20181226/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181226/7022

Relation To Informant	Driver of SGC665H ram SGQ3331C		
<b>Victim</b>			
Person Name	LOH WEE SEN		
ID Type	NRIC NO	ID No	S8128999I
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Telecommunications engineer	Address Type	
Address	64 EDGE DALE PLAINS #08-27 SINGAPORE 828731	Mobile No	94556519
Is Informant A Victim?	Yes		
<b>Person Name</b>			
Person Name	Lim Shi Qi Crystal		
ID Type	NRIC NO	ID No	S9100852A
Gender	Female	Race	Chinese
Language	English	Mobile No	92977733
Relation To Informant	Grab Hitch Passenger		
<b>Person Name</b>			
Person Name	Jess Ng Hui Shi		
ID Type	NRIC NO	ID No	S9603580B
Gender	Female	Relation To Informant	Grab Hitch Passenger
<b>Person Name</b>			
Person Name	Nurulhudah Binte Ab. Hamid		
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		26/12/2018 12:25	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			





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G/20181226/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181226/7022

back and thigh.

When I alight from my car, I discover it is a 4 car chain collision.

I have the photos taken on site in my phone and also have downloaded the dash cam video clips of the collision into my phone as well.

My passengers have also forwarded me via Whatsapp with their MC and medical bills. They might need to follow up with medical reviews again if the pain persists.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Heng Huat Heng		
ID Type	NRIC NO	ID No	S1581916B
Gender	Male	Age	55-55
Race	Chinese	Language	Chinese
Mobile No	87985635	Relation To Informant	Driver of SGQ3331C rammed me
Person Name	Chong Li Peng Iris		
ID Type	NRIC NO	ID No	S7017928H
Gender	Female	Age	48-48
Race	Chinese	Language	English
Address	3 Fernvale Close #10-08 SINGAPORE 797486		Mobile No 98210101

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

26/12/2018 12:25

Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20181226/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181226/7022

ID Type	NRIC NO	ID No	S9010771B
Gender	Female	Language	English
Mobile No	94509618	Relation To Informant	Grab Hitch Passenger
Person Name LOH WEE SEN (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:  
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
26/12/2018 12:25

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

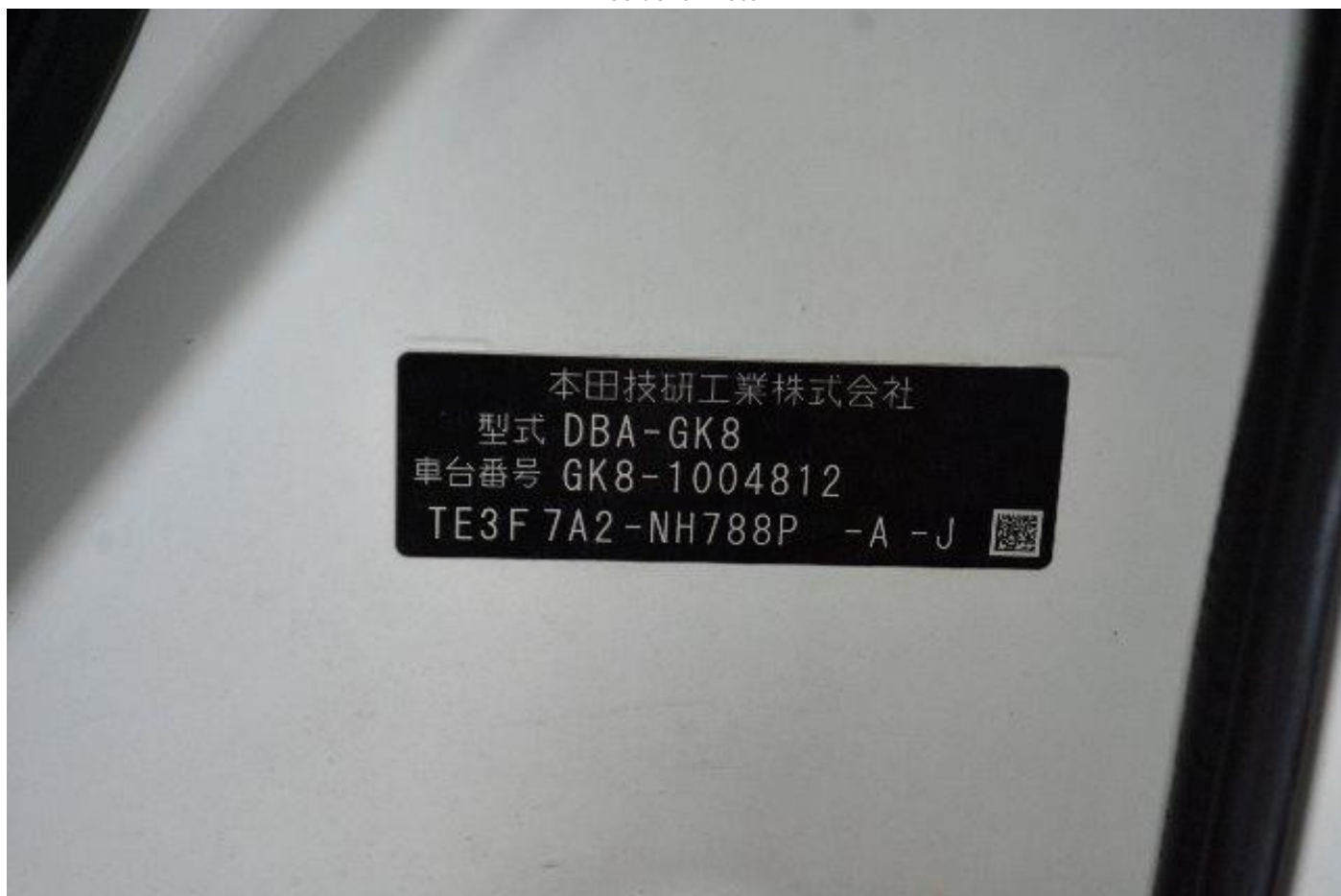




Accident Photo



Accident Photo



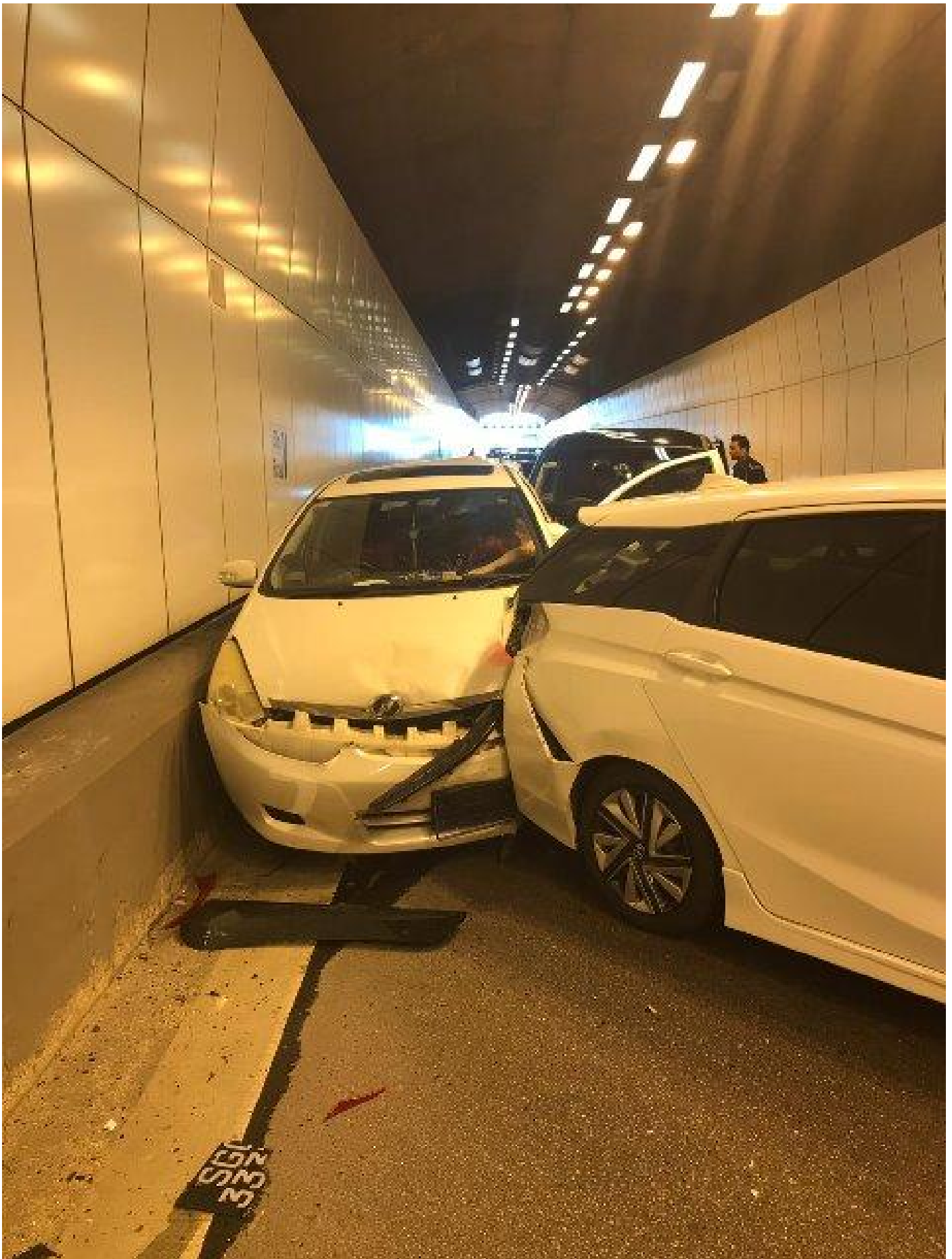
Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MKFS18165324 Vehicle Registration No: SLM1066T  
Name(as shown in NRIC) : LOH WEE SEN NRIC/FIN/Passport No : S8128999I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 64 edgedale plains #08-27 (s) 828731 Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94556519  
Email Address : weisheng16@yahoo.com  
Date of Accident : 24/12/2018 Time of Accident : 1615hrs  
Place of Accident : airport rd enter to kpe entrance tunnel twds punggol  
Insurance Company: EQ Insurance Company Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend add in police report.

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LOH WEE SEN

Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name: Kan Fook Sing Motor Workshop  
NRIC/FIN No.:  
Date: 26/12/2018