

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	11/01/2019 16:38
Date Of Accident	09/01/2019 07:50
Exact Location Of Accident	TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8244T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NAZRI BIN ROSLI
NRIC No	S9247027Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91448563
Alternative Phone No	OTHERS-91448563

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099848446
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NAZRI BIN ROSLI
NRIC No	S9247027Z
Date Of Birth	20/12/1992
Occupation	INDOOR
Date Of Driving Pass	03/01/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91448563
Fax Number	
Contact Number	OTHERS-91448563
Email Address	NOEMAIL

Address	BLK 289 #05-266 CHOA CHU KANG AVENUE 3
Postcode	680289
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 (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190109/2194:

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	SLJ6021E
Vehicle Make/Model/Colour	TOYOTA WISH 1.8 CVT
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	MUHAMMAD NAZRI BIN ROSLI
Approximate Age	26
Injuries Sustain	
Injured person in which vehicle?	FBM8244T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 289 #05-266 CHOA CHU KANG AVENUE 3
Postcode	680289

SKETCH PLAN

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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: 11/4/19 1645

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11 JAN 2019

IDAC KAKI BUKIT (VAC)

Reporting Centre for Personal Data Security

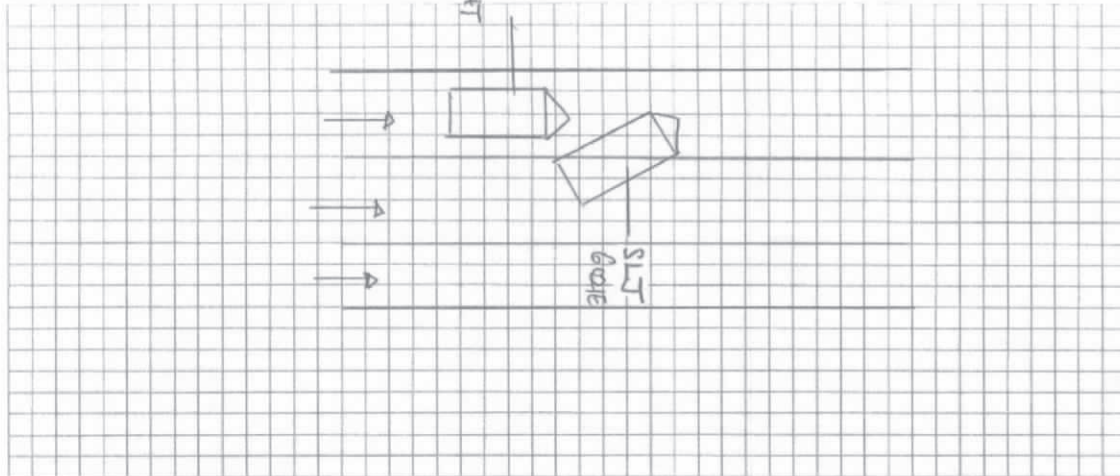
Name: Singapore 415933

TEL: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH 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 & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time:

11 JAN 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4

Reporting Center Person's Name:
Singapore 415933
Tel: 67416697 Fax: 67492305
NRIC/FIN No.:
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190109/2194

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190109/2194

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 21:35	Vide Report No.:	Station Diary No.: 142
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Informant's Particulars				
Name of Informant: MUHAMMAD NAZRI BIN ROSLI			Address: APT BLK 289 CHOA CHU KANG AVENUE 3 #05-266 SINGAPORE 680289	
ID Type / ID No.: NRIC NO / S9247027Z			Contact No.: Home/Office: Mobile: 91448563	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 20/12/1992	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: OPERATION PLANNER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2019 07:50	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE towards Changi before exit 3C				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBM8244T	Motorcycle	YAMAHA	GDR155A (AEROX)	White	Slightly Damaged	0
SLJ6021E	Car				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBM8244T	NTUC Income Insurance Co-Operative Limited	5099848446	12/04/2018	11/04/2019	

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190109/2194

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20190109/2194

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NAZRI BIN ROSLI	ID No.	S9247027Z
Related Vehicle	FBM8244T (Motorcycle)	Contact No.	91448563
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/01/2019	Date Discharge	09/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 09/01/2019 at 0750hrs, I was riding on the 3rd lane of the 3 lane road on TPE towards Changi before exit 3C. As I was riding, vehicle SLJ6021E which is on the 2nd lane signaled and changed lane onto the same lane as me without checking for blind spot. Due to vehicle SLJ6021E abrupt lane change without checking for oncoming vehicles, I was not able to brakes on time to avoid collision. The front of my vehicle collided onto the left rear bumper of SLJ6021E. Traffic Police and Ambulance was at scene. I was conveyed to Changi General Hospital via Ambulance.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190109/2194

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190109/2194

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:

J /

Sgt 3 NUR RAQIB BIN RASMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/01/2019 21:35

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp


NP168



ORIGINAL

MEDICAL CERTIFICATE

EMD20195563

Name MUHAMMAD NAZRI BIN ROSLI		NRIC No. S9247027Z						
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>09-Jan-2019</u> to <u>13-Jan-2019</u> inclusive.								
Type of medical leave granted : <table border="0"><tr><td><input type="checkbox"/> Hospitalization Leave</td><td><input checked="" type="checkbox"/> Outpatient Sick Leave</td></tr><tr><td>Admitted on : _____</td><td><input type="checkbox"/> Maternity Leave, Delivered on : _____</td></tr><tr><td>Discharged on : _____</td><td><input type="checkbox"/> Sterilization Leave, Operated on : _____</td></tr></table>			<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Admitted on : _____	<input type="checkbox"/> Maternity Leave, Delivered on : _____	Discharged on : _____	<input type="checkbox"/> Sterilization Leave, Operated on : _____
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave							
Admitted on : _____	<input type="checkbox"/> Maternity Leave, Delivered on : _____							
Discharged on : _____	<input type="checkbox"/> Sterilization Leave, Operated on : _____							
This certificate is not valid for absence from court attendance.								
Diagnosis	Surgical Operation (if applicable)							
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>								
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.								
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 09-Jan-2019	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  ABHAY KANT , 16314G						



Polyclinic Referral

Date of Visit : 09-Jan-2019 08:51

Name of patient : MUHAMMAD NAZRI BIN ROSLI

NRIC : S9247027Z

Account Number : 6919303477A

Address : Blk 289 #05-266 CHOA CHU KANG AVENUE 3 Singapore 680289

Telephone : 63843839, 0

Date of Birth : 20-Dec-1992

Sex : Male

Race : Malay

Weight (kg) :

Total GCS :

GCS

Eye Opening :

Verbal Response :

Motor Response:

Unable to Assess :

☐

Location :

RIGHT ANKLE

Pain Score :

2

Duration :

TODAY

Quality :

SHARP

Main Complaints

Historian:

Patient

Chief Complaint:

26/M/Malay
NKDA
Operations Planner in Cisco

Hist:

RTA, Biker, riding at about 50-60 KMPH, collided with another turning car from opposite side, T-Collision

Pt saw the car turning, braked immediately, slowed down but didn't manage to stop in time
Collided against the car

His body turned and hit against the car and he fell on the ground subsequently

Helmet did not brake, did not come out

Pt did not flung, did not roll over

Fell on the ground after hitting the car

Nil LOC/Nil ENT Bleeding/Nil Neck Pain/Nil giddiness/Nil Headache

Has pain over right knee/right ankle, left elbow region

Able to walk with pain and avoiding full weight bearing on right foot

Nil open bleeding wounds

Physical Examination

Abhay Kant
Doctor
dr16314g

Accident & Emergency

Attending Doctor's Name

Doctor's Signature



Polyclinic Referral

To : POLYCLINIC

TCU Duration : 1 – 6 days

Thank you for referring the patient to CGH A&E

Date of Visit : 09-Jan-2019 08:51
Name of patient : MUHAMMAD NAZRI BIN ROSLI
NRIC : S9247027Z Account Number : 6919303477A
Address : Blk 289 #05-266 CHOA CHU KANG AVENUE 3
Singapore 680289
Telephone : 63843839, 0
Date of Birth : 20-Dec-1992 Sex : Male Race : Malay

FINAL DIAGNOSIS : Ankle sprain
Right
Additional Diagnosis : Contusion of knee
Right
Contusion of elbow
Left
Road traffic accident

Referral Remarks

Review for Sprains/Contusion - 1 – 6 days

Triage Information

Time Of Triage : 09-Jan-2019 08:56 Triage Category : P2.
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 : PAIN OVER RIGHT ANKLE AND RIGHT KNEE AFTER MOTORCYCLIST COLLIDED WITH A CAR AT TPE AND SKIDED. TRAVELLING AT 60KM/H. NO HEAD INJURY. NO MID-CERVICAL TENDERNESS.

Vital Signs

Temperature (°C) :	36.4	Shock Index :	0.81
		Adjusted Shock Index	
Pulse Rate (/min) :	99	PEFR :	
Respiration (/min) :	20	SaO2 :	98
Blood Pressure (mmHg) :	122/83	Level of Consciousness :	0: Alert
Blood Sugar (mmol/l) :		MEW Score :	1

Abhay Kant
Doctor
dr16314g

Accident & Emergency

Attending Doctor's Name

Doctor's Signature



Polyclinic Referral

Date of Visit : 09-Jan-2019 08:51

Name of patient : MUHAMMAD NAZRI BIN ROSLI

NRIC : S9247027Z

Account Number : 6919303477A

Address : Blk 289 #05-266 CHOA CHU KANG AVENUE 3 Singapore 680289

Telephone : 63843839, 0

Date of Birth : 20-Dec-1992

Sex : Male

Race : Malay

Physical Exam 1:

On WC
Able to partial weight bear, antalgic gait
Nil external injuries over scalp/face
Neck- Nil midline tenderness, ROM-Full, not painful
Nil external injuries visible over chest/abdomen/back, nil tenderness over these areas
Nil midline thoraco lumbar spinal tenderness
Left elbow:
ROM-Full
Tenderness over medial side, mainly medial epicondyle region, nil deformity
Abrasions seen superficially
Distal NV functions in hand/wrist-Intact, nil Median/Ulnar/Radial Nerve Deficit, Radial Pulse felt well,
CRT < 2 sec
Right Knee:
Abrasions superficially
Nil effusion
ROM-Full, extensor mechanism intact
Mild patellar and medial joint line tenderness
Ant & Post. Drawer's-Neg
McMurray's-Neg
Valgus & Varus Stress-Neg

Right Ankle/Foot:
Tenderness over medial and lateral malleolus and posterior calcaneum
Nil obvious deformity
Nil bruising
DP/TP Felt well
Nil tenderness over the meta tarsals and toes
Able to flex/extend the ankle, slowly, painful ROM

Doctor's Notes

Initial Progress Notes :

Noted Xrays

Imp:
Right Ankle Sprain
Right Knee Contusion
Left Elbow Contusion
RTA

Plan:
Crepe bandage
Rest, Ice, Elevation, Compression
NWB Crutches
Analgesia PRN
MC
Poly review on Monday

Abhay Kant
Doctor
dr16314g

Accident & Emergency

Attending Doctor's Name

Doctor's Signature



Polyclinic Referral

Date of Visit : 09-Jan-2019 08:51
Name of patient : MUHAMMAD NAZRI BIN ROSLI
NRIC : S9247027Z Account Number : 6919303477A
Address : Blk 289 #05-266 CHO A CHU KANG AVENUE 3 Singapore 680289
Telephone : 63843839, 0
Date of Birth : 20-Dec-1992 Sex : Male Race : Malay

IV / IM Procedures

Time Prescribed	Order Name	Duration	Frequency	Dosage	Performed By	Prescribed By
09-Jan-2019 09:18	Tramadol HCl Injection		Once	50 mg	Doctor Abhay Kant (09:18)	Doctor Abhay Kant
09-Jan-2019 09:18	MetoCLOPramide HCl Injection		Once	10 mg	Doctor Abhay Kant (09:18)	Doctor Abhay Kant

Bedside Medication

Time Prescribed	Order Name	Duration	Frequency	Dosage	Performed By	Prescribed By
09-Jan-2019 09:18	ANArex Tablet [Paracetamol 450mg, Orphenadrine 35mg]		Once	2 tablet	Nurse K Gangadevi Katharayam (09:19)	Doctor Abhay Kant

Disposition

Disposition : Referred to Polyclinic Disposition By : Doctor Abhay Kant
Disposition Date/Time : 09-Jan-2019 10:25:32 Condition on Disposition : Good

Discharge Prescription

Allergy : No Known Allergies

Drug Name	Dosage	Instruction	PRN Instruction	Duration / Quantity
Diclofenac Sodium EC Tablet	50 mg - TDS			1 weeks
ANArex Tablet [Paracetamol 450mg, Orphenadrine 35mg]	2 tablet - TDS		Pain	1 weeks
Famotidine Tablet	20 mg - OM			1 weeks

Accident Type

Accident Type : Road Traffic

Medical Certificate

Outpatient Leave - 09 Jan 2019 to 13 Jan 2019

Abhay Kant
Doctor
dr16314g

Accident & Emergency

Attending Doctor's Name

Doctor's Signature



Changi
General Hospital
SingHealth

Billing Enquiries: Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
Tel: 6936 6011 / 6936 6012 / 6936 6013 Email: billing@cgh.com.sg

ORIGINAL RECEIPT

CAENAA3

PAGE: 1 /

09.01.2019 10:50 hrs

GST Registration No. : M2-0088821-9

Bill To MUHAMMAD NAZRI BIN ROSLI
289 CHO A CHU KANG AVENUE 3
#05-266 SINGAPORE 680289

MRN/NRIC : S9247027Z
CASE NUMBER : 6919303477A
CUSTOMER : 3024381781
A&E VISIT : 09.01.2019 08:51

Name of Patient MUHAMMAD NAZRI BIN ROSLI

Service Description

Amount (\$S)

Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
142.00	0.00
34.03	34.03
256.00	126.00
432.03	
272.00-	

X-RAY INVESTIGATIONS
APPLIANCES
A&E ATTENDANCE FEE

TOTAL CHARGES
LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT

MUHAMMAD NAZRI BIN ROSLI

AMOUNT DUE

MUHAMMAD NAZRI BIN ROSLI

FOR INFORMATION:

ST: P SN: S9247027Z

PAYMENT DETAILS

NAME
NURUL AQILAH

DATE
09.01.2019

AMOUNT
162.41

PAYMENT TYPE
NETS

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statements Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R1

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

09.01.2019

10:50 hrs

Amount Enclosed : \$
S9247027Z MUHAMMAD NAZRI BIN ROSLI

Cheque No./Bank :

MRN/NRIC : S9247027Z
CASE NUMBER : 6919303477A
ADMISSION DATE : 09.01.2019



**Changi
General Hospital**
SingHealth

Billing Enquiries: Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
Tel. 6936 6011 / 6936 6012 / 6936 6013 Email: billing@cgh.com.sg

GST Registration No. : M2-0088821-9

ORIGINAL RECEIPT

CAENAA3

PAGE: 2 / :
09.01.2019 10:50 hrs

Bill To MUHAMMAD NAZRI BIN ROSLI
289 CHOA CHU KANG AVENUE 3
#05-266 SINGAPORE 680289

MRN/NRIC : S9247027Z
CASE NUMBER : 6919303477A
CUSTOMER : 3024381781
A&E VISIT : 09.01.2019 08:51

Name of Patient MUHAMMAD NAZRI BIN ROSLI

Service Description

Amount (S\$)

THIS IS AN ORIGINAL RECEIPT FOR NETS PAYMENT OF \$162.41 RECEIVED ON 09.01.2019.

TYPE OF SUPPLY: CASH/CREDIT

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R13

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to **Tampines Central Post Office PO Box 500 Singapore 915217.**

09.01.2019

10:50 hrs

Amount Enclosed : \$ 9247027Z
MUHAMMAD NAZRI BIN ROSLI

Cheque No./Bank :

GH S9247027Z

6919303477A

BALANCE DUE : S\$ 0.00
MRN/NRIC : S9247027Z
CASE NUMBER : 6919303477A
ADMISSION DATE : 09.01.2019

0000000000000000

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Jan 2019 / 17:47:38

Receipt Date/Time : 21 Jan 2019 / 17:47:14

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190121-002950

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLJ6021E				
As at 09 Jan 2019/07:50:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLJ6021E			
	Enquiry Fee	7.00	0.49	7.49
	20190121174612154326			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx3015		Credit Card: Visa /MasterCard	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.