

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	11/06/2019 14:26
Date Of Accident	06/06/2019 09:40
Exact Location Of Accident	TAN TOCK SENG HOSPITAL A&E CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH4535Y
Insured/Policyholder	
Name Of Registered Owner	DHAHRULSALAM BIN ABDUL LATIFF
NRIC No	S1296429C
Email Address	NONADDY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90994466
Alternative Phone No	OTHERS-90994466

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	GOING TO CONSULT DOCTOR
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	5095265941-01
Cover Note Number	

Driver

Name of Driver	DHAHRULSALAM BIN ABDUL LATIFF
NRIC No	S1296429C
Date Of Birth	28/07/1958
Occupation	INDOOR
Date Of Driving Pass	07/07/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90994466
Fax Number	
Contact Number	OTHERS-90994466
Email Address	NONADDY@GMAIL.COM

Address	BLK 239 LORONG 1 TOA PAYOH #07-98
Postcode	310239
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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)	1

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	SHC5598Z
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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:

11/06/19

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



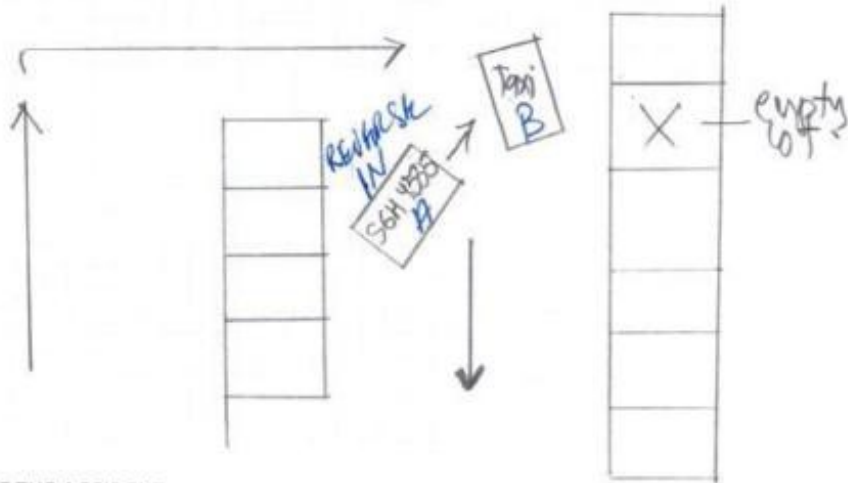
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Taxi Jack Since Hospital A&E DROP OFF.

A) SGH 4535Y
B) SHC 5598Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06th June 19 at around 0940hrs, my car SGH 4535Y was parked stationary at TSM carpark waiting for empty lot.

Upon seeing empty lot, I therefore reverse & in the course of reversing, heard a minor collision sound.

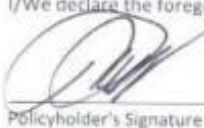
Upon coming out from my car, I realise that a taxi ~~SGH~~ SHC 5598Z already hit my car rear left.

I noticed damaged to the taxi was on the Rear right body with minimum scratch marks.

As I was sick in order to consult a Doctor, I therefore took some photos & gave my name card to the driver.

DECLARATION

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



Policyholder's Signature

Date & Time:

11/06/19. 1250hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


11/06/2019
Resh Upthas

HOSPITAL BILL



Tan Tock Seng
HOSPITAL
National Healthcare Group

No. 11 Jalan Tan Tock Seng, Singapore 308433
Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries)
Fax: 6256 9234 Reg No. 199003683N

The TTS Community Fund actively helps needy patients and the community through health-related programs. Every donation goes a long way in making a positive impact to our patients' lives. To donate or know more about TTS Community Fund, please visit www.tts.com.sg/ttschf. Thank you.

TAX INVOICE

TO:

MR. DHAHRUSALAM BIN ABDUL LATIFF
BLK 239 #07-98
LORONG 1 TOA PAYOH
SINGAPORE - 310239

MRN/NRIC : S1296429C
CASE NO : 1219420065H-00001
VISIT DATE : 06.06.2019 09:58
LOCATION : TCEMD
INVOICE DATE : 06.06.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0094564-6

PATIENT NAME : DHAHRUSALAM BIN ABDUL LATIFF

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE

	AMOUNT (\$)
ED Service Facility	
Creatinine	256.00
Potassium (serum, random, urine)	9.16
Sodium (serum, random, urine)	9.16
Troponin I, Quantitation	9.16
Urea (serum, random, urine)	27.30
Full Blood Count (Hemogram, DC, Platelet)	9.28
ECG (12 Lead)	24.78
XR, Chest, PA/AP	10.66
	36.92

Total Charges	392.42
Government Subsidy	264.42-
Total Amount Payable	128.00

PAYMENT:

DHAHRUSALAM BIN ABDUL LATIFF
(NETS - 06.06.2019, RECEIPT #: T012467396) 128.00

TOTAL DUE AFTER PAYMENT

0.00

DUE FROM:

DHAHRUSALAM BIN ABDUL LATIFF 0.00

FOR INFORMATION

Total amount payable after GST is \$136.96.

Total GST for this bill at 7% is \$8.96 which is absorbed by the Government.



HOSPITAL BILL



Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries)
Fax: 6256 9234 Reg No. 199003683N

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TAX INVOICE

Page: 1/1

GST REG No : M2-0094564-6
S1296429C
DHANRULSALAM BIN ABDUL LATIFF
BLK 239 #07-98 LORONG 1 TOA PAYOH
SINGAPORE 310239

Rx No:EP-1773339 on 06/06/2019
Account: 1219420065H00001

PRESCRIBED ITEM(S)

Subsidised: Standard 1 (S1)
PARACETAMOL 500MG TAB
Dextromethorphan HBr 15mg/5mL (sugar-free) Linctus 90mL
Subtotal for S1
Government Subsidy
Payable for S1 after Government Subsidy

Others: Non-standard (NS)
BENZYLAMINE HCL 3MG LOZ (DIPFLAM)
Subtotal for NS
Payable for NS

ORIGINAL

TAX INVOICE : TTS9675998
DATE : 06/06/2019 13:16:43
Counter : EP, EP CASHIER
Cashier : sharongohhh

Patient/Order Type/Fin.Cl: AE/AE/NA

Qty	Gross	Payable
40 TAB	\$2.00	\$0.00
1 BTL	\$2.50	\$0.00
	\$4.50	
	-\$4.50	
		\$0.00
32 TAB	\$15.04	\$15.04
	\$15.04	
		\$15.04

Rx No:EP-1773341 on 06/06/2019
Account: 1219420065H00001

PRESCRIBED ITEM(S)

Subsidised: Standard 1 (S1)
Lactulose Syr 200mL
Sennosides 7.5mg Tab (SENNALAX)
Subtotal for S1
Government Subsidy
Payable for S1 after Government Subsidy

Patient/Order Type/Fin.Cl: AE/AE/NA

Qty	Gross	Payable
1 BTL	\$3.50	\$0.00
10 TAB	\$1.20	\$0.00
	\$4.70	
	-\$4.70	
		\$0.00
	\$24.24	\$15.04
		-\$0.04
		\$20.00
		\$0.00
		\$5.00

TOTAL AMOUNT
Rounding Adjustment
PAYMENT: Cash
OUTSTANDING AMOUNT

Cash Change

Total GST for this bill at 7% is \$1.05 of which \$1.05 is absorbed by the Government.
MEDICATIONS AND HEALTH PRODUCTS PURCHASED ARE NOT REFUNDABLE OR EXCHANGEABLE.

VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE:

Login to myCAF online services with your SingPass at <http://www.caf.gov.sg> and proceed to My Statement > Section B > Medisave/MedShield Life Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.caf.gov.sg> > FAQ > Medisave. (Please refer to backpage for reimbursement information for Employees and Insurers).

Accident Photo



Accident Photo



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