

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MNA 419139701-0134

Date In: 21/10/2019 18:31	Job description	Date & Time Completed	Done by
Ref No: NBA/MNS19018605/F	SAS e-filing		
Veh No: FV386R	E-mail (by date sheet, AIC sheet)		
O.O.A. 21/10/2019 08:10	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SHB3588X	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolior.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Location	Remarks

NA1907874	Invoice/Estimate/Quote/Receipt	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engi-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim only against INC Only (ver 10 Jan 2000)	
	6) TR: Re-inspection \$73	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NS: Repair Co-ordination \$10	
	*NS: Post Repair Inspection \$23	
	*NS: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$20	
	*NI: Idao Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	21/10/2019 18:31
Date Of Accident	21/10/2019 08:10
Exact Location Of Accident	JALAN EUNOS TURNING TO EUNOS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV9386R
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NORAZWAN BIN SAZALI
NRIC No	S9226249I
Email Address	PSYCHOROME019922@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91820240
Alternative Phone No	OFFICE-91820240

Vehicle Particulars

Manufacturer	HONDA
Model	SONIC
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-999357-WTT
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NORAZWAN BIN SAZALI
NRIC No	S9226249I
Date Of Birth	29/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91820240
Fax Number	
Contact Number	OFFICE-91820240
E-Mail Address	PSYCHOROME019922@GMAIL.COM

Address	BLK 683A EDGEDALE PLAINS #02-707 SINGAPORE
Postcode	821683
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SHB3588X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY GEK PENG
NRIC/Passport Number	S0799935F
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD NORAZAN BIN SAZALI

Approximate Age

Injuries Sustain

Injured person in which vehicle? FV9386R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PUTERI SHERRYNNNA BINTE MARK ABDULLAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? FV9386R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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. The 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 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:

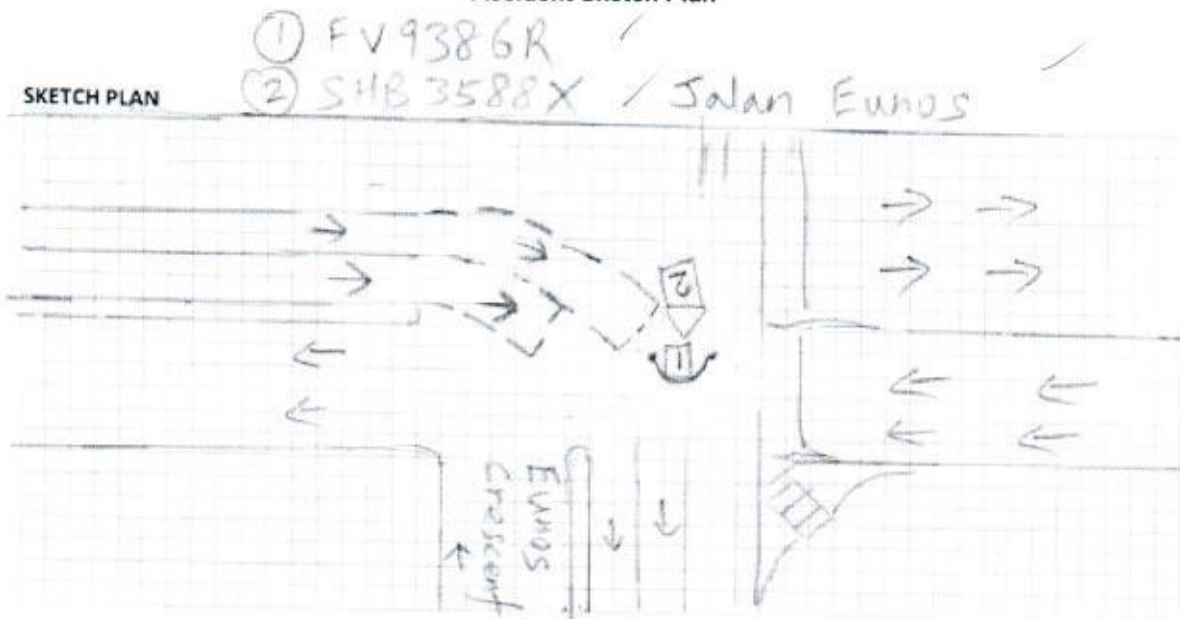
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan Form 1/2018

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 21/10/2017 16:44 hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (21/10/2019) (DD/MM/YYYY), TIME: (08:10) (HH:MM)

LOCATION: JALAN Eunus turning to Eunus Crescent

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV 9386 R
 b) INSURANCE COMPANY: MSEG
 c) POLICY NUMBER: MSD/VMT/19-999357-WTT A0633-001/W0806
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) 5128909
 e) MAKE & MODEL: HONDA SONIC 1.25
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Sending wife to work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Mohammad Norajwan Bin Sagali (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9226249I CONTACT: 91820240
 c) ADDRESS: RIK 6834 EDGEHALL PLAINS #02-707 Spore 821653

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Merah West NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 3588 X MODEL: AE IONIA HEV FL 16 OCT
 b) DRIVER'S NAME: TAY GIK PENG
 c) NRIC/FIN/PASSPORT: S0799935F CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

email = PsychoRomeo19922@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20191021/2114

1 of 4

Report No. T/20191021/2114

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 15:48		Vide Report No.: G/20191021/0048		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: MOHAMMAD NORAZWAN BIN SAZALI			Address: APT BLK 683A EDGEDALE PLAINS #02-707 SINGAPORE 821683		
ID Type / ID No.: NRIC NO / S9226249I			Contact No.: Home/Office: Mobile: 91820240		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 29/07/1992	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: SP GROUP			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/10/2019 08:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 EUNOS CRESCENT JALAN EUNOS Junction of jalan Eunios and Eunios Crescent, in the left right turn pocket.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
FV9386R	Motorcycle	HONDA	SONIC 125	Grey	Slightly Damaged	1
SHB3588X	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20191021/2114

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20191021/2114

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV9386R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19999357	18/03/2019	17/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	Puteri Sherrynna Binte Mark Abdullah		ID No.	S9722098J
Related Vehicle	FV9386R (Motorcycle)		Contact No.	87830717
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/10/2019		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	Slight
Rider				
Name	MOHAMMAD NORAZWAN BIN SAZALI		ID No.	S9226249I
Related Vehicle	FV9386R (Motorcycle)		Contact No.	91820240
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/10/2019		Date Discharge	21/10/2019
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	Tay Gek Peng		ID No.	S0799935F
Related Vehicle	SHB3588X (Car)		Contact No.	NIL
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



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20191021/2114

CONTINUATION OF REPORT

Brief Details.

On the 21/09/2019 at about 0810hrs, I was travelling along Jalan Eunos. I was riding my motorcycle bearing registration plate number FV9386R (V1) and my wife was my pillion who is currently 7 weeks pregnant. At that time, I approached the junction of Jalan Eunos turning right into Eunos Crescent. I formed up on the left, right-turn pocket. When it was safe for me to turn right, I moved my motorcycle. Upon reaching Eunos Cres, I felt that V1 was hit from the rear and V1 fell to the right. V1 landed on my right foot but I managed to remove it. I noticed that my wife landed on V1 and complained of pain. I saw that her back had already landed on the pillion foot rest. I switched off my motorcycle and attended to my wife. There was no serious injury on her. There was a male Chinese passerby who was a pedestrian, helped me to call for ambulance and police. There was a lorry driver nearby who approached me and told me that he saw the whole accident and can act as a witness to the accident. His particulars are as follows, Name: Richard. Contact number: 97379963.

I made a check and discovered that it was a yellow ComfortDelgro taxi that had collided with me. The taxi registration plate number are as follows, SHB3588X (V2). I approached the taxi and saw that the driver was still inside the driver seat. I observed that there is also one passenger inside the taxi. Upon approaching the taxi, the driver reversed V2 about 1 meter away from me. I told the driver to step out of the vehicle, and V2 came to a stop. The driver went out of the vehicle and told me that his passenger had told him to make the turn last minute, therefore he performed a right turn, failing to conform to directional sign. Both the driver and the passenger had no complaints of any injury.

I did not manage to check the damages on my motorcycle as I was busy attending to my wife. However, my motorcycle was towed away by the repair workshop. There was no oil spill on the road. I manage to exchange particulars with the taxi driver.

When ambulance arrived, my wife was conscious and conveyed to KK Women's Hospital and is admitted. Her condition is still pending. After the accident, I felt pain on my back and right foot. I was given 3 days of MC from Tan Tock Seng hospital.



**SINGAPORE
POLICE FORCE**



T/20191021/2114

4 of 4

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20191021/2114

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:
D /
Sgt 3 MUHAMMAD HAIQAL BIN AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/10/2019 15:48

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

SN 45

Authentication Stamp
NP168



SIGNATURE

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1959 (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.

CERTIFICATE NO : MSD/VMT/19-999357-WTT A0633-001/W0806

SUM INSURED : TPL

EXCESS : NIL

DUPLICATE

S9226249I

1. Index mark and Registration Number of Vehicle

FV9386R

HONDA

125 c.c.

2. Name of Policyholder

MOHAMMAD NORAZWAN BIN SAZALI

3. Effective date of the Commencement of Insurance
for the purposes of the Act

0953AM 18/03/2019

4. Date of Expiry of Insurance

18/03/2020

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.

2. Use for racing, pace-making, reliability trial or speed-testing.

3. Use for the carriage of goods (other than samples) in connection with any trade or business.

4. 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 any Amendment, Act or Acts passed in substitution thereof."



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE

ORIGINAL

NAME: MOHAMMAD NORAZWAN BIN SAZALI

TTSH19246091

NRIC: S9226249I

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of
23-Oct-2019 inclusive

3

day(s) from

21-Oct-2019

to

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from

21-Oct-2019 11:16

to

21-Oct-2019 13:31

21-Oct-2019

Date

DANNY LOUIE E.E. (10881B)

Issued by

Emergency Department

Location

Signature

A member of National Healthcare Group
Adding years of healthful life

ADVICE FOR LIMB INJURIES

- Elevate limb
- Return to Emergency Department if there is:
 1. Increasing pain
 2. Increasing swelling
 3. Numbness
 4. Weakness
 5. Discolorations (White, blue or purple)

Emergency Department
Tan Tock Seng Hospital Pte Ltd
Tel: 6357 8754

**Sprained your ankle?
Use R.I.C.E to treat yourself!**



Rest

if there is excessive pain. It is alright to move the ankle when resting.

Ice

the injured part using a wet towel for 15 mins. Avoid direct contact of ice to skin.

Compress

using a bandage or ankle guard to reduce swelling and increase support of the injured part.

Elevate

the affected leg. Place a pillow under the ankle while at rest or keep it raised above the injured area above the level of the heart to reduce swelling. Consult a doctor if the problem persists.

Do these exercises once your pain subsides.

CALF STRETCH (for flexibility)



Keeping the injured leg straight and heel on the floor, lean towards the wall until a stretch is felt on calf. Hold for 10 seconds and repeat 10 times.

ONE-LEGGED STANCE (for balance)



Attempt to balance on the involved leg. Keep your eyes open and try to balance for 60 seconds. Repeat 5 times.

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 : MNA 419139701 Vehicle Registration No: EV93 9386R
Name(as shown in NRIC) : MOHAMMAD NORAZWAN BIN SAZALI NRIC/FIN/Passport No : 89226249I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BIK 683A EDGE DALE PLANS #02-707 Singapore(821683)
Contact (Tel) : _____ Mobile No. : 918209240
Email Address : psycho.remeo1992@gmail.com
Date of Accident : 21/10/2019 Time of Accident : 18:08:10
Place of Accident : JALAN EUNOS TURNING TO EUNOS CRESCENT
Insurance Company: MSIG

(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:

ERROR IN NAME

Policyholder / Driver's Signature
Date:

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

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 : MNA 49139101-01 Vehicle Registration No: FU 9386R
Name (as shown in NRIC) : MOHAMMAD NORAZWAN BIN SAZALI NRIC/FIN/Passport No : 89226249I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BIK 683A ~~EDGE~~ EDGEDALE PLAINS #02-707 Singapore (821683)
Contact (Tel) : _____ Mobile No. : 91820240
Email Address : PSYCHOrembo1992@gmail.com
Date of Accident : 21/10/19 Time of Accident : 08:10
Place of Accident : Jalan Eunos TURNING TO EUNO CRESCENT
Insurance Company: MSIG

(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:

amend on convey to hospital by ambulance.

Policyholder / Driver's Signature
Date:


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

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 : MNA419189701-02 Vehicle Registration No: FV 9386R
Name (as shown in NRIC) : MOHAMMAD NORAZWAN BIN SAZALI NRIC/FIN/Passport No : S92262491
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 683A EDGEHILL PLAINS #02-707 Singapore (821683)
Contact (Tel) : - Mobile No. : 91820240
Email Address : PSYCHOROMEO19922@gmail.com
Date of Accident : 21/10/2019 Time of Accident : 08:10
Place of Accident : JALAN EUNOS TURNING TO EUNOS CRESCENT
Insurance Company: MSIG

(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:

ERROR IN CI

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Pavithra
NRIC/FIN No.: S9526439E
Date: 18/11/19

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 : MNA419139701-03 Vehicle Registration No: FV9386R
Name(as shown in NRIC) : MOHAMMAD NORAZWAN BIN SARALI NRIC/FIN/Passport No : S92262491
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 683A EDGEHILL APTS #02-707 Singapore(321683)
Contact (Tel) : - Mobile No. : 91820240
Email Address : PSYCHOROMEO19222@gmail.com
Date of Accident : 21/10/2019 Time of Accident : 08:10
Place of Accident : JALAN EUNDS TURNING TO EUNDS CRESCENT
Insurance Company : MSIG

(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:

ERROR IN CI.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: PARASURAM
NRIC/FIN No.: S9526439E
Date: 2011/1/19