

RIAZ ADVOCATES AND SOLICITORS

COMMISSIONER FOR OATHS

ACRA NUMBER: 200911678H

GST REGISTRATION NUMBER: 200911678H

Your Reference:
Our Reference:

Your Insured (SH 9623B)

RA.516740.IV

11 February 2021

India International Insurance Pte Ltd 64 Cecil Street #04/#05 IOB Building Singapore 049711 Attention: Motor Claim Department (DIRECTOR)

RIAZ QAYYUM (LLB HONS) NUS

(ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS

MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDS

IRFAN NASRULHAQ BIN HAMDAN (LLB HONS) SMU BY PDX#8172

WITHOUT PREJUDICE

Dear Sirs,

ACCIDENT INVOLVING MOTOR VEHICLES NO. FBP 2708X AND SH 9623B ON 14.08.2020 ALONG SUMANG WALK

We act for **MUHAMMAD DANIAL BIN MOHD FAZLI**, the rider of motor vehicle FBD 2708X involved in the captioned accident.

We are instructed by the abovenamed to claim damages against you in connection with the road traffic accident involving motor vehicle no. FBP 2708X AND SH 9623B ON 14.08.2020 ALONG SUMANG WALK.

We are instructed that the accident was caused by your negligence in driving and/or management of your vehicle. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report[s] annexed hereto. He has been put to loss and expense, particulars of which are as follows;

We quantify our client's claim as follows:-

1. General Damages Pain & Suffering

	 Left ankle & right knee contusion
2	Special Damages

\$ 6,000.00

2. Special Damages

a.	Medical expenses	\$	12	7.43
b.	Transport expenses	\$	4	0.00
C.	Cost of repair	\$	3,90	00.00
d.	Loss of use (12 days x S\$ 50.00)	\$	60	00.00
		\$ to	be as	sess

Please note that the above quantification on damages is subject to client's confirmation upon receiving your offer. Should client's condition worsen or further claims arise, we also reserve the right to add to the quantification.





ACRA NUMBER: 200911678H

GST REGISTRATION NUMBER: 200911678H

Page 2

In compliance with the Pre-Action protocol for Personal Injury Claims, we disclose the following, we forward copies of the following documents for your perusal and considerations: -

DIRECTOR

RIAZ QAYYUM (LLB HONS) NUS

(ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS

MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDS

IRFAN NASRULHAQ BIN HAMDAN (LLB HONS) SMU

- a) Medical tax invoices/bills and certificates;
- b) Medical Report of our client;
- c) Police/GIA Reports of Plaintiff in our possession;
- d) LTA search extract
- e) Survey report

We also in compliance with the pre-action protocol under the State Court's Direction 38, we propose use one of the following medical experts as a single joint expert:-

1. Dr Ruban A/L Dayalan from SKH

Please note that you should send to us an acknowledgement of receipt to us within 14 days of the receipt of this letter. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

Should you fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer.

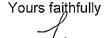
Please also note that if you have a counterclaim against our client arising our of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

We propose costs \$2,675.00 (including GST) at this stage.

In the event that an amicable settlement is reached, we render below a list of disbursements incurred.

Disbursements incurred as to date:-

a)	Medical Report fee	\$ 110.00
b)	LTA search fee	\$ 7.49
c)	Survey report fee	\$ 644.00
d)	Incidentals (including GST)	\$ 160.50







Tel: (65) 6930 6003

Fax:

Sengkang General Hospital 110 Sengkang East Way

Reg No: 201220357K

Our Ref

: MR/06533/2020/202008479

Tel:

Your Ref

: RA.516740.IV

Fax: -

Date

: 19-11-2020

RIAZ LLC

ADVOCATES & SOLICITORS 133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413

Attn: OFFICER IN CHARGE

Dear Sir/Madam,

MUHAMMAD DANIAL BIN MOHD FAZLI(XXXXX937G)

Please refer to the application for a ORDINARY MEDICAL REPORT on the abovementioned patient. I am pleased to attach the report/reply as requested.

Thank you.

Yours faithfully

S RANI GANESH

Health Information Management Services

Medical Reports Section

Better Health Together

Our Reference: MR/06533/2020 [LAWYERS] Request No: 2020008479

16 November 2020

Riaz LLC 133 New Bridge Road #09-09 Chinatown Point Singapore 059413

Re: MEDICAL REPORT ON MR MUHAMMAD DANIAL BIN MOHD FAZLI (S9632937G)

Mr Muhammad Danial was seen in the Emergency Department (ED) of Sengkang General Hospital on 14 August 2020 at 2005 hours. He was seen by Dr. Ruban Dayalan.

Mr Muhammad Danial informed us he was allegedly involved in a Road Traffic Accident around 3pm on the same day. He was riding motorcycle and wearing a helmet, cruising at 40km/h when was hit by a car from front which was about to do U-turn. After the accident he did not loss of consciousness, had no vomiting and was still able to ambulate. Later, once reached home, he to felt pain over his right knee, thus came to the ED

On arrival to the Emergency Department Mr. Muhammad Danial presented with the complaint of right knee pain upon sudden movement. Examinations were unremarkable except for bruises over the left ankle and pain over the right knee. He was given analgesia which was intramuscular diclofenac for pain management.

Addressing Mr Muhammad Danial's complain and concern, X-rays were ordered namely cervical, right knee and left knee. All X-ray reported no fractures seen nor any abnormalities.

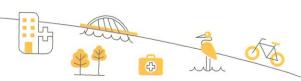
Mr. Muhammad Danial was informed there was no obvious fractures seen however unable to rule out ligament tear. Thus he was referred to Orthopaedic Outpatient Clinic for accessement in 1 week time and was also advised to use knee braces till further evaluation by the Orthopaedic team. He was discharged with 7 days of Outpatient Medical Leave (EMD202082175) and analgesia (Paracetamol and Diclofenac).

The diagnosis was left ankle and right knee contusions.

Yours Sincerely,

Dr Ruban A/L Dayalan M65508B Resident Physician Emergency Medicine Sengkang General Hospital

Dr Ruban A/L Dayalan M65508B Resident Physician Department of Emergency Medicine Sengkang General Hospital



Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 14 Aug 2020 / 17:00:00)

Ve	ehicle Owner Details	
	Owner ID Type:	
	Company	
	Owner ID:	
	199303821R	
	Owner Name:	
	COMFORT TRANSPORTATION PTE LTD	
	Registered Address Type:	
	Private Residential (Condo Apt or House) / Shopping / Office Complexes	
	Registered Block/House No.:	
	383	
	Registered Street Name:	
	SIN MING DRIVE	
	Registered Unit No.:	
	-	
	Registered Building Name:	
	GAS BUILDING	
	Registered Postal Code:	
	575717	

Vehicle Insurance Details

Vehicle No.:

SH9623B

Make Description/Model:

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name:

INDIA INT'L INS PTE LTD

Save as PDF

OK →

Print



Sengkang General Hospital Health Information Management Services 110 Sengkang East Way Singapore 544886

Reg No: 201220357K

Tel:(65) 6930 6003 Fax: medicalreports@skh.com.sg

Acknowledgement Letter

Our Ref : MR/06533/2020/202008479

Tel:

Your Ref: RA.516740.IV

Fax: -

Date

: 05-11-2020

RIAZ LLC

ADVOCATES & SOLICITORS 133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413

Attn: OFFICER IN CHARGE

Dear Sir/Madam,

REQUEST FOR ORDINARY MEDICAL REPORT MUHAMMAD DANIAL BIN MOHD FAZLI (XXXXX937G)

We wish to acknowledge receipt of your application. Please allow 4-6 weeks for processing.

Kindly note that requests may be delayed due to the following reasons:

- patient's upcoming clinic appointments;
- patient warded;
- multiple requests submitted to several clinical departments;
- doctor away on leave.

Please contact the undersigned for further clarifications.

Thank you.

Yours faithfully,

NURWAHIDA BINTI ISMAIL

Health Information Management Services

Medical Reports Section

This is a computer-generated document. No signature required.



Tel: (65) 6930 6003

Fax:

Sengkang General Hospital Singapore 544886

Reg No: 201220357K

Our Ref: MR/06533/2020/202008479

Tel:

Your Ref: RA.516740.IV

Fax: -

Date : 05-11-2020

RIAZ LLC ADVOCATES & SOLICITORS 133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413

Attn:

OFFICER IN CHARGE

PAYMENT FOR COMPLETION OF ORDINARY MEDICAL REPORT ON MUHAMMAD DANIAL BIN MOHD FAZLI HRN: \$9632937G.

We acknowledge received payment cheque DBS 005376 dated 05-11-2020 of \$110.00.

Thank you.

Yours faithfully

NURWAHIDA BINTI ISMAIL Health Information Management Services Medical Reports Section



Tel: (65) 6930 6003

Fax: Sengkang General Hospital

Singapore 544886

Health Information Management Services Medical Reports Section

Reg No: 201220357K

Payment Receipt/Tax Invoice

GST Reg No: M9-0368910-N

Invoice No : MR/0005528/2020

Date

: 05-11-2020

Payee's Name

: ONE MORE DEAL PTE. LTD.

Address

: ADVOCATES & SOLICITORS

133 NEW BRIDGE ROAD #09-09

CHINATOWN POINT SINGAPORE 059413

Requestor

: RIAZ LLC

Patient

: MUHAMMAD DANIAL BIN

Our Ref Your Ref : MR/06533/2020/202008479

MOHD FAZLI

: RA.516740.IV

HRN

: S9632937G

Currency

: SGD

Payment Mode

: CHEQUE

Bank

: DBS

Cheque/Card No : 005376

	. 003370	
S/No Description	Qty Unit Pric SGD	ce Total Price SGD
1 ORDINARY MEDICAL REPORT	1 \$102.80	\$102.80
	Sub-Total	\$102.80
	7 % GST	\$7.20
	Total Amount Payable	\$110.00
	Amount Received (MRPERT/14529/2020)	\$110.00
	Balance Amount	\$0.00

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 witholding 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

	ACCIDENT STATEMENT	
Date Of Report	18/08/2020 16:05	
Date Of Accident	14/08/2020 17:00	
Exact Location Of Accident	SUMANG WALK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	Start Bearing

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B 1 E B - 4	100.01		VEHICLE
and the latest the lat		100 A.A.A.A.I	

Vehicle Registration Number FBP2708X

Insured/Policyholder

Name Of Registered Owner MUHAMMAD DANIAL BIN MOHD FAZLI

NRIC No SXXXX937G

Email Address Mobile Phone No

Alternative Phone No.

Vehicle Particulars

Manufacturer YAMAHA Model SNIPER T150

Exact Purpose for which vehicle was being used at

time of accident

PVT 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 SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number D20MTMC01001678

Cover Note Number 6/3/20-5/3/21

Driver

Name of Driver MUHAMMAD DANIAL BIN MOHD FAZLI

NRIC No SXXXX937G Date Of Birth 23/09/1996 Occupation INDOOR Date Of Driving Pass 28/02/2019

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number Fax Number Contact Number EMail Address

Address

121A EDGEDALE PLAINS #14-235

Postcode

821121

Was driver an employee of the Insured's Company

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 ON 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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE EPORT: T/20200814/7025

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

SH9623B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

DETAILS OF INJURED PERSON 1 Name MUHAMMAD DANIAL BIN MOHD FAZLI Approximate Age Injuries Sustain Injured person in which vehicle? FBP2708X Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

Sketch Plan

SKETCH PLAN

1 VEHICLE NO 2.INSURER CO 3.ACCIDENT DATE & TIME:

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

00

- 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
- S. 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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" I, 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 enquines 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
- 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.
- 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 5-gnature Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centile Personnel's Signature

Name: Stul

NRIC/FIN No.:

Sumang Walk At FBP 2708X B: SH 9623B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Felix to public ve port: T 20200814 7035
A. FBP 2708X B: SH 9623B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
A. FBP 2708X B. SH 9623B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Keft to police report: T 20200814/7675
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with your policy for more information.
ECLARATION
We declare the foregoing particulars are true in every respect.
N
JE 18/8/2
Oriver's Signature Driver's Signature Reporting Centre Personnel's Signature
the & Time: (If driver is not the policyholder) Name:
Date & Time: NRIC/FIN No.:
() Claim Own Policy () Claim Third Party () Reporting Only

POLICE REPORT





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200814/7025

Date/Ti	OF A TRAFF me Report 020 23:07	IC ACCIDENT Made:	Vide Report No.:	Station Diary No.:
Informa	int's Partic	ulars		
Name o MUHAN FAZLI ID Type	f Informant	IAL BIN MOHD	Address	
National SINGAP	ity: ORE CITIZ	EN		
Sex: Male	Age: 23	Date of Birth: 23/09/1996	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupat Grab foo			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Orive:	Date/Time of Accident:	Type of Location
Location:		No	14/08/2020 17:0	0
SUMANG WA	LK .			
Clear		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: One Way			kina	Road Speed Limit: Traffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	T-VICE TO THE T-VICE T-VICE T-VICE T-VICE T-VICE T-VICE T-VICE T-VICE T-
FBP2708X	Motorcycle	YAMAHA			Conditio	NO of
	and a grand	T AND THE	SNIPER T150	Green	Seriously Damaged	0
SH9623B	Car				Slightly Damaged	0

POLICE REPORT





1/20200814/7025

Police Station Of Origin: Traffic Police

2 of 3 Report No. T/20200814/7025

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Insurance Company	Insurance No	Effective	Evniny Date
	Insurance Company TENET SOMPO INSURANCE PTE.		推出的基本的企业的企业,在1900年的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider		1000017	cucsolali Çi	lussing. PPA
Name	MUHAMMAD DANIAL BIN MOHD FAZLI		ID No.	S9632937G
Related Vehicle	FBP2708X (Motorcycle)		Contact I	No.
Hospital/Clinic	NIL		Class of Driving Licence 8 Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NI	1
No. of Days granted Medical Leave 07		Degree o	And the contract of the last o	Prious

Brief Details.

On stated time and date, I was the rider of motorcycle plate bearing FBP2708X travelling at Sumang Walk.

The traffic light is green and I am travelling straight, suddenly the vehicle bearing carplate number SH9623B did a U-Turn and collided onto my motorcycle.

Due to the accident, I suffered injuries and consult a doctor at Sengkang Community hospital and got a 7 days MC.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200814/7025

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant. The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2020 23:07		
Officer In Charge Of Case. TP / TPHQ /	Classification Of Case:		
SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394			



GST REG NO. : M90368910N

TAX INVOICE

MUHAMMAD DANIAL BIN MOHD FAZLI

EXTERNAL ID/NRIC

14.08.2020 / QOPTCC1 : S9632937G

CASE NUMBER

: 8120940213J

CUSTOMER NUMBER

: 3022187381

A&E VISIT

: 14.08.2020 19:47

LOCATION

: QEMD QCAEZ

BILLING DATE

: 14.08.2020

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S\$)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S\$
&E ATTENDANCE FEE RUGS / PRESCRIPTIONS / INJECTIONS -RAY INVESTIGATIONS	237.00 4.52 202.80	121.00 0.00 0.00
SUB TOTAL DDITIONAL SERVICES	444.32	121.00
RUGS / PRESCRIPTIONS / INJECTIONS	6.43	6.43
SUB TOTAL	6.43	6.43
OTAL CHARGES	450.75	
OVERNMENT GRANT	323.32-	
MOUNT PAYABLE BEFORE TAX DD : 7% GST		127.43
MOUNT PAYABLE AFTER TAX SS : GST ABSORBED BY THE GOVERNMENT		8.92
ET AMOUNT PAYABLE	-	8.92-
YMENTS		127.43
JHAMMAD DANIAL BIN MOHD FAZLI TAL DUE AFTER PAYMENTS	1 to	127.43-
MOUNT DUE : MUHAMMAD DANIAL BIN MOHD FAZLI		0.00

Please settle payment immediately through e-Payment at www.singhealth.com.sg/PayOnline, SingHealth Health Buddy App, HealthHub App, AXS m-Station, AXS at www.axs.com.sg, Singapore Post Office Branches.



ORIGINAL RECEIPT

GST REGISTRATION NO. : M90368910N

QOPTCC1 / 14.08.2020 22:44:50

RECEIPT DATE

: 14.08.2020 22:44:41

RECEIPT NUMBER : 2000025470

LOCATION : EMERGENCY DEPARTMENT

MERCHANT ID

:000001050640684

CASE NUMBER

: 8120940213J

VISIT DATE

: 14.08.2020

PATIENT'S NAME : MUHAMMAD DANIAL BIN MOHD FAZLI

PAYER'S NAME

: ARBAIAH HASSAN

PAYMENT MODE

: VISA/MASTER

PAYMENT AMOUNT : \$127.43

PAYMENT IS GST INCLUSIVE

***YOU ARE SERVED BY : Tay Chia Cze



ORIGINAL

MEDICAL CERTIFICATE

Reg No : 201220357K EMD202082175

Name			NRIC No.
MUHAMMAD DANIAL BIN MOHD FAZLI	\$9632937G		
This is to certify that the above-named is unfit for duty for inclusive.	or a period of	7 days	from 14-Aug-2020 to 20-Aug-2020
Type of medical leave granted :			
Hospitalization Leave		Outpatient Sick Lea	ve
Admitted on :		Maternity Leave,	Delivered on :
Discharged on :		Sterillization Leave,	Operated on :
This certificate is not valid for absence from	court attendance.		
Fit for light duty from N.A.	to	N.A.	
Time Chit: Time in N.A.	Time out	N.A.	_
Diagnosis Soft Tissue Injury		Surgical O	peration (if applicable)
Comments :			
110 Sengkang East Way Singapore 544886		gency Department	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.
Not valid without official hospital stamp	14-Aug-202		RUBAN AL DAYALAN , 65508B

