

# 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 Submission ..... 05/04/2021 13:06 (SGT)  
Date of Accident ..... 03/04/2021 16:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP ROAD ALONG SIDE MARINE PARADE ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR6770Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SOONG MEI YOONG  
NRIC No ..... SXXXX552B  
Email Address .....  
Mobile Phone No .....  
Alternative Phone No .....

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Previa  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2400

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070005199-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SOONG MEI YOONG  
NRIC No ..... SXXXX552B

Date Of Birth .....	
Occupation .....	Indoor
Date Of Driving Pass .....	09/03/2002
Driving experience .....	19 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	
Alt. Phone Number .....	
Email Address .....	
Address .....	
Address complement .....	-
Postcode .....	
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SIM CHONG
Gender .....	Male

#### PASSENGER 2

Name .....	CHIA YENG SIANG
Gender .....	Female

#### PASSENGER 3

Name .....	SIM TJIA LE
Gender .....	Male

#### PASSENGER 4

Name .....	SIM KAY ANN
Gender .....	Female

#### PASSENGER 5

Name .....	SIM KAY LING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

## ATTACHMENT(S)

Are accident photos available for attachment? ..... No  
Was there any video captured by Car Camera? ..... Yes  
Was there any audio recorded? ..... No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SHB308H  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... ANG  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... SIM KAY ANN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMR6770Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLANIMPORTANT NOTICE

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

**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")

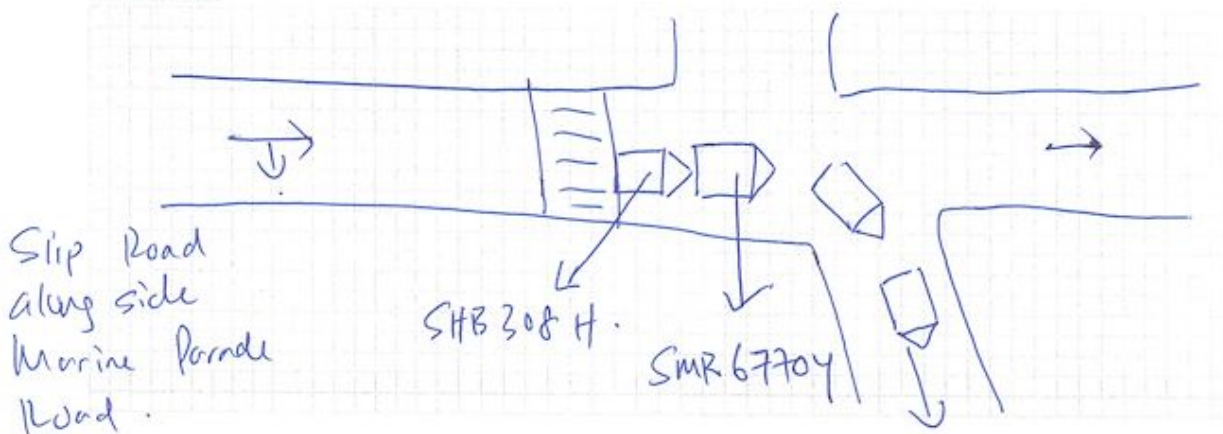
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

Describe Circumstances of the Accident

Refer to Police Report 7/20210404/7002.

Declaration

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

  
Witnessed by Reporting Centre Personnel



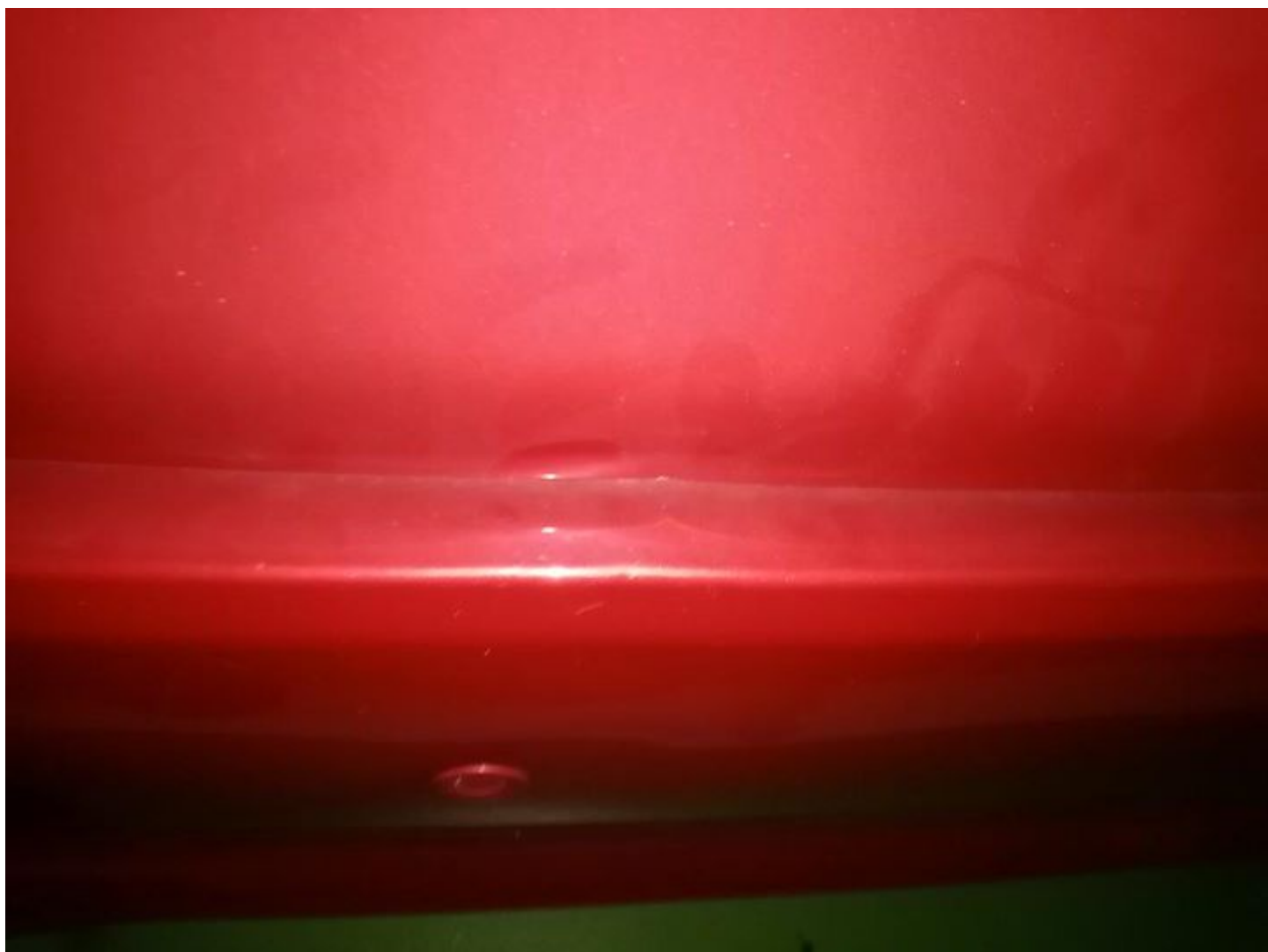




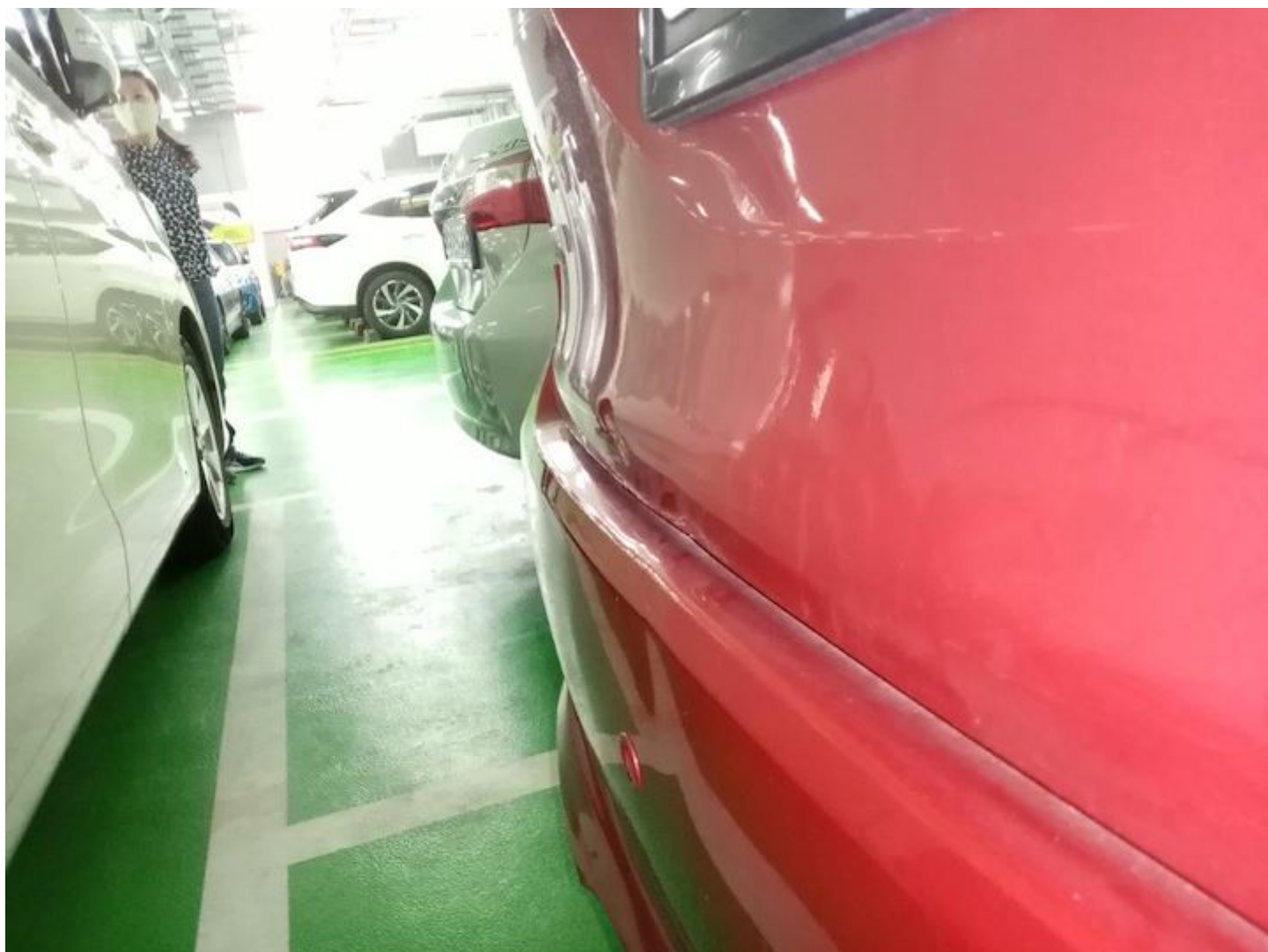


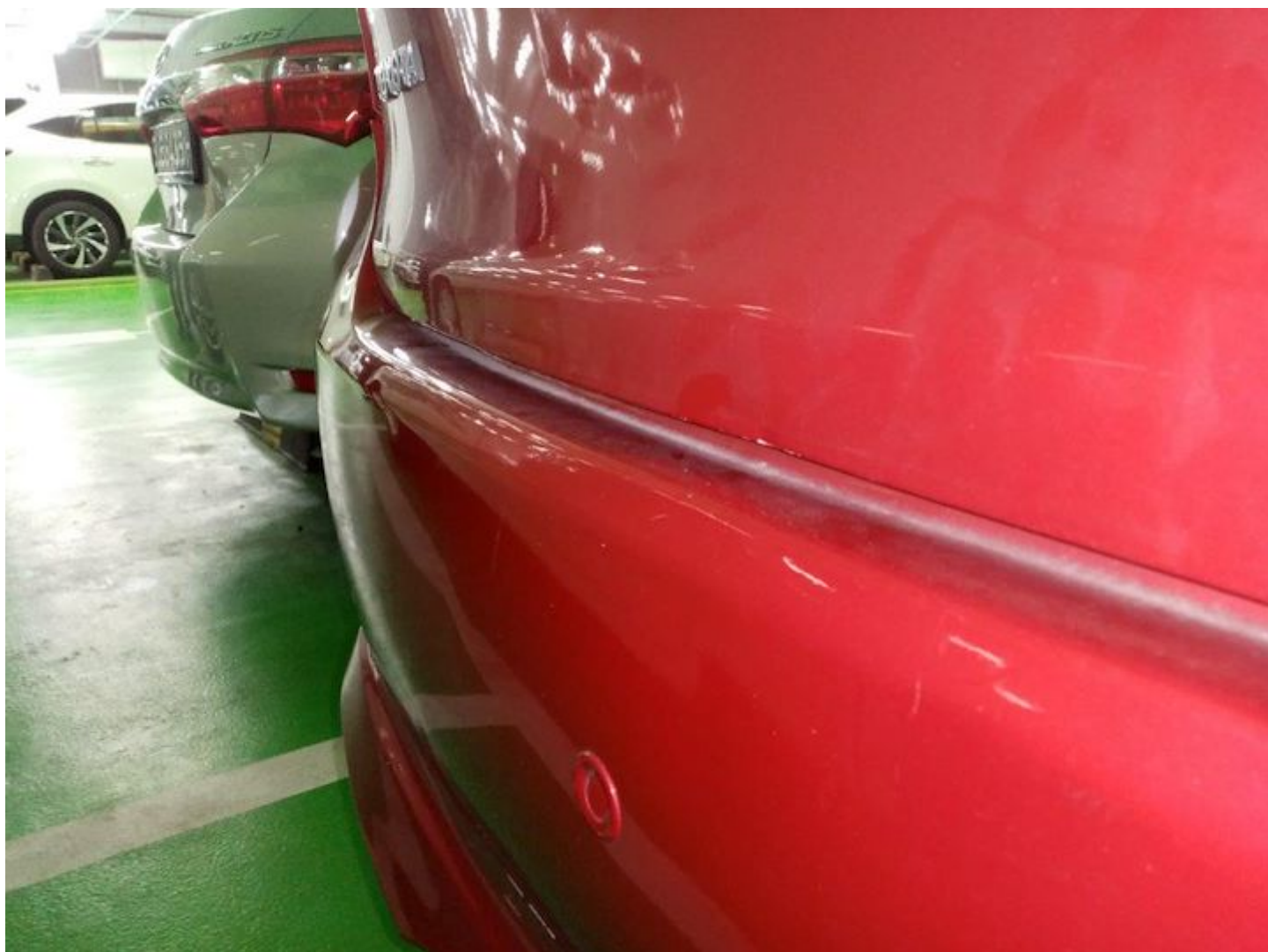






















**SINGAPORE  
POLICE FORCE**



T/20210404/7002

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

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Report No. T/20210404/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2021 10:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SOONG MEI YOONG			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email: smeiyoong@yahoo.com.sg		
Sex: Female	Age:	Date of Birth:	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2021 16:45	Type of Location: Straight Road
Location:  Slip road alongside Marine Parade Road				
Weather: Clear		Road Surface: Slightly wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: My stationary vehicle was hit from behind by a Taxi				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB308H	Taxi					0
SMR6770Y	Car	TOYOTA	PREVIA AERAS 2.4 CVT MR	Red		6

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20210404/7002

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

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Report No. T/20210404/7002

**CONTINUATION OF REPORT**

Brief Details.

Informant: Soong Mei Yoong

My Car and its passengers

1. I am the owner and driver of a vehicle bearing the licence plate number SMR6770Y ("my Car").
2. On Saturday 3 March 2021 at about 4.45 pm, I was driving my Car with the following passengers: (1) my eldest daughter, Sim Kay Ann ("SKA"); (2) my 2 other children; (3) my husband; and (4) my mother-in-law. SKA and my other daughter (together, my "Daughters") were sitting at the back row of my Car.

Moving along the Slip Road

3. After I picked up my Daughters at Katong V Shopping Mall, I exited its car park by turning left onto the slip road alongside Marine Parade Road and perpendicular to Brooke Road (the "Slip Road"). Traffic was heavy. All the vehicles on the Slip Road were travelling very slowly and had to start and stop frequently along the way.
4. There is a traffic hump on the Slip Road just outside Grand Mercure Singapore Roxy Hotel (the "Hump"). When my Car reached the Hump, we had to stop because the car in front of us stopped. I did not perform a sudden stop. As mentioned above, traffic was heavy and all the vehicles along the Slip Road were travelling slowly and had to start and stop frequently along the way.

The Accident

5. My Car was stationary when we felt and heard a sudden bang behind us. The Car lurched slightly forward. A vehicle behind my Car had hit us (the "Accident"). This vehicle was a Taxi bearing licence plate number SHB308H (the "Taxi").
6. My husband and I alighted from my Car. A man who subsequently introduced himself as "Mr Ang" came out of the Taxi. He acknowledged that he had hit my Car.
7. As there was heavy traffic and the vehicles behind us were eager to move along, we did not have much time to discuss further with Mr Ang save that we agreed to make a police report of the Accident. Mr Ang gave my husband his mobile phone number, being 8468 1831. My husband and Mr Ang subsequently exchanged text messages, a copy of which is enclosed at Appendix 1 hereto.
8. My Car has suffered damage as a result of the Accident. Photographs taken by my husband of my Car and the Taxi are collectively enclosed at Appendix 2 hereto.

Bringing SKA to the Hospital





**SINGAPORE  
POLICE FORCE**

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



T/20210404/7002

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Report No. T/20210404/7002

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

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

Date/Time:  
04/04/2021 10:59

Classification Of Case:

03/04/2021, 4:45 pm - Messages and calls are end-to-end encrypted. No one outside of this chat, not even WhatsApp, can read or listen to them. Tap to learn more.

03/04/2021, 4:45 pm - Sim Chong: IMG-20210403-WA0019.jpg (file attached)

03/04/2021, 4:46 pm - Ang Taxi: 🙏

03/04/2021, 4:46 pm - Sim Chong: Hello please send me your NRIC front and back. We will just make a police report. Thank you.

03/04/2021, 4:48 pm - Ang Taxi: Will send to you later.

03/04/2021, 5:04 pm - Sim Chong: My daughter who is at the back seat where your taxi hit us says her back is in pain. We will bring her to A and E for a scan.

03/04/2021, 5:16 pm - Ang Taxi: Just make a police report, no need NRIC.

THANK YOU



**SINGAPORE  
POLICE FORCE**



T/20210404/7002

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

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Report No. T/20210404/7002

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR6770Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070005199-01	17/01/2021	16/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG	ID No.	NIL
Related Vehicle	SHB308H (Taxi)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	SIM KAY ANN	ID No.	
Related Vehicle	SMR6770Y (Car)	Contact No.	
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	03/04/2021	Date	03/04/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	SOONG MEI YOONG	ID No.	
Related Vehicle	SMR6770Y (Car)	Contact No.	97351967
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



SINGAPORE  
POLICE FORCE



T/20210404/7002

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

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Report No. T/20210404/7002

CONTINUATION OF REPORT

9. Shortly after the Accident at about 5 pm, SKA complained of pain at her back. As a matter of prudence, my husband informed Mr Ang by way of a text message of the same, and that we would bring her to a hospital for a check. At about 6 pm, I brought SKA to Parkway East Hospital (the "Hospital"). A copy of the Hospital's Tax Invoice is enclosed at Appendix 3 hereto.

10. This morning, I made a report to my Car's insurers, AIG, by calling 6338 6200. I spoke with Ms Susan who advised me to bring my Car to Borneo Motors' Pandan Crescent facilities tomorrow, Monday 5 March 2021. I intend to do so.



# CERTIFICATE OF INSURANCE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SOONG MEI YOONG  
 Period of Insurance : 17 Jan 2021 To 16 Jan 2022  
 Engine No. : 2AZ1B13366  
 Chassis No. : JTEGD56M807173665

Vehicle No. : SMR6770Y  
 Policy No. : 2070005199-01  
 Endorsement No. :  
 Issued Date : 07 Dec 2020

### ABOUT THE COVER

Make/Model : TOYOTA PREVIA AERAS  
 Engine Capacity/Tonnage : 2,362.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2020  
 Insuring with COE/PAF : Yes

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use\* :

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

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

SOONG MEI YOONG - \$1000 (Own Damage), \$1000 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6531 1188

2 Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ulu Road 4 Singapore 405611 Tel: 6031 1688

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6330 6290. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) (Part II of the Road Transport Act, 1987 (Malaysia)), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0501667222  
 INCHCAPE AUTO TOYOTA - BSTL042

33 LENG KEE ROAD  
 SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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AIGCOMBLSAPP





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Soong Mei Yoong .  
 VEHICLE NUMBER : SMR 6770 Y .  
 DATE/TIME OF ACCIDENT : 3/4/2021 @ 1645pm  
 PLACE OF ACCIDENT : Slip Road alongside Marine Parade Road .  
 THIRD PARTY VEHICLE (IF ANY) : SHB 308H .

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Home → Katong V Shopping Mall

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Rear ended collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Sim Kay Ann . SMR 6770 Y .

.....  
 Name: Quay

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.  
 AIG Building 78 Shenton Way #07-16 Singapore 079120  
 Tel. 6419 3000



SIM KAY ANN

SIM KAY ANN

 Accident and Emergency  
 TAX INVOICE

Page 2 of 2

GST Reg No 20-0409811-2  
 Business Reg No 53029034X  
 Print Date/Time 03.04.2021/19:35:33  
 Bill Date 03.04.2021  
 Customer No 6364116  
 Case No 3021011406  
 Bill Document No 9207159749  
 Visit Type A&E WALK-IN  
 Visit Date 03.04.2021  
 Attending Doctor DR TAN KEN LEON

Date	Code	Service Description	Qty	Amount (S\$)
Total Bill				440.13
Total Hospital Charges				440.13
Payment				
03.04.2021	Visa/Master Cd (PEN)	*****4450		440.13-
Balance				
SIM KAY ANN : Balance				0.00



SIM KAY ANN

SIM KAY ANN

# Accident and Emergency TAX INVOICE

Page 1 of 2

GST Reg No 20-0409811-2  
 Business Reg No 53029034X  
 Print Date/Time 03.04.2021/19:35:33  
 Bill Date 03.04.2021  
 Customer No 6364116  
 Case No 3021011406  
 Bill Document No 8207159749  
 Visit Type A&E WALK-IN  
 Visit Date 03.04.2021  
 Attending Doctor DR TAN KEN LEON

Date	Code	Service Description	Qty	Amount (\$S)
03.04.2021	3501010016	XR-THORACIC SPINE	1	101.17
03.04.2021	3501080001	XR-AFTER OFF RGER I	1	109.60
03.04.2021	7108000002	CONSULTATION - AFTER HOUR	1	125.23
03.04.2021	7108000173	A&E INFECTION CONTROL	1	13.00
03.04.2021	NURO7	NUROFEN 100MG/5ML 60ML SYRUP	4	50.60
03.04.2021	VOLT2	VOLTAREN 20G GEL	1	11.74
Subtotal				411.34
Hospital Charges				411.34
GST @ 7%				28.79
Hospital Charges Subtotal				440.13

Note: (\*)-non discountable items (\*)-A&amp;E charges

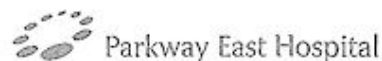
## View Your Medisave and/or Medishield Life Claim Details Online

Login to mycpf online services with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section 2>> Medisave and/or Medishield Life Integrated Shield Plan Claims for the past 18 months. For more information, please visit <http://ask-us.cpf.gov.sg>>> Meeting Your Healthcare Needs.

## Reimbursement Information for Employers and Insurers

Reimbursement should be made to cash outlay first, followed by Medisave then Medishield Life OR the Medisave-approved Integrated Shield Plan. To make reimbursement to Medisave and Medishield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> E-Services>> Medisave/Medishield Life Reimbursement. To reimburse to a Shield Plan, please pay directly to the private insurer offering the Shield Plan.

Customer No./Name: 6364116 SIM KAY ANN  
 Case Number: 3021011406 Balance Due (\$S): 0.00  
 Cheque Amount: Cheque Number: Bank:  
 Cheque should be crossed and made payable to "Parkway Hospitals Singapore Pte Ltd".  
 Please detach and return this section with your payment.



24HR WALK-IN CLINIC AND ACCIDENT &amp; EMERGENCY

321 Joo Chiat Place #01-00 Singapore 427990

Tel: 63408666 Fax: 63408660 Co Reg No: 19-9509118-D

### MEDICAL CERTIFICATE

This is to certify that:

MC No: PEH3021011406001

Name: SIM KAY ANN

NRIC: T0913741B

Medical leave for 3 day/s from 03.04.2021 to 05.04.2021 inclusive

Dr Tan Ken Leon  
 MBChB (Manchester)  
 MRCS(Edinburgh)  
 M Med Orthopaedic (S'pore)  
 MPA(Chicago Booth)  
 S4009127H

Date: 03.04.2021

DR TAN KEN LEON

THIS CERTIFICATE IS NOT VALID FOR ABSENCE FROM COURT OR OTHER  
 JUDICIAL PROCEEDINGS UNLESS SPECIFICALLY STATED OTHERWISE