REF: CS/SMR21008304/U4f3

ASS. REC. BY: 19 CATE	0/2/	111/2/1000 20	4/4443		
	4	ASSIGNMENT			
From:	Date:	Veh No:	S 1406k	Yr Regn:	4/5-100
Estimated Cost:		Type: M.Car (M.C	ycle / Bus / Van / Lo	rry / Taxi / Prime Mo	over/
OD / TP WS / TP RES / OD RES / E	EVA / INV / MV	Truck / Trai			
To Inspect Vehicle No:	(1406	Make: Ya	make R	x <del>2</del> c.c	127
at Workshop m/s	S1406 Enfia		ver/Black		Std / NI / NA
of	20119		5-676	T/Radio: Insured /	Std / NI / NA
Insured: SHI	3 8852	Eng/No:	7010		
Policy No.	3 4 4 4 0	C/No:	2mc2	529.86	
Claims No. TAX/06/	20/2051		Pair Poor / Burnt	20140	
Sum Insured:	Excess:	Steering: Inorder /	Jammed / Leaked /	Burnt or	
(Client's Record)		Brake: Ironder	Jammed / Leaked /	Burnt or	
Make of Veh:		Modi: Nil /S/R/	m / STD A/Rim or		
		Tyre Size: F:	2.75	-18	1911 - The Control of
(Policy Condition)		R:		1 0	
Remark: The veh had commenced i		D/S BS / DUN / EXNOV	/A / GY / FS / LIZA / I	MIC / OHTSU / PIR /	SUMI/
repair at the time of inspe	ction.	TOYO / YOKO or	me t	reler	
Bal. or Market Value:	412.	Front	^_	Rear	
IDAC Accident Rport: Co.	nsistent?: Yes or No	R/Bal.	mm	R/Bal.	mm
GIA / PR Seen: Con	nsistent?: Yes or No	L/Bal.	mm	L/Bal.	mm
Est. Repairs: days	Res.: Yes or No	D.O.A. 29/	6/20	D.O.I. 6/8/	21
Lum Sum: %	3 Val.: Yes or No	Survey held at	_		
CA / REV / REP. / 24 HRS			Frt / Rear / O/S / I		
Date: Person Contac	Vehicle: IN / 0		r & nls		
Date / Time Action / Instruction	1317	The U/C / Chas	ssis frame / Body S	structure affected du	ie to collision.
701AL Sel Yyrs NGA Ceb	1055 (ve Unt. 10 mthphis ole 6216. 29-7-2021 & 11 55 & 2360, c 2/6/20 including	1 15-5-202 alredy use 6 bso bso ree who n NEABYC show	sesdy Bel Na Teo	20	
11/8/2021 Submit uneco					
ate/Time, File Pass to? : Preli	i. Report	Days Of Repair:			
011/8 TYPIST : Fina Date/Time, File Return to?	I Report	Resurvey No. of T	rip:	Survey Fee: Transportation:	
)	Add F	ee: : Site Insp	(\$	S + RS,SI	
		: Interview	/ <b>c</b>	Photos	
Report Format: TP		: Tech. Invs (		Others	
.ump Sum / I.B.I: (\$	)	: Weekend (	(\$		

TOTAL

# EROFIA MOTOR TRADING PTE LTD (201202259N)

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

Tel: 67527740 Fax: 67528669 Email: erofia@singnet.com.sg

Name

: Nur Arrzil Bin Aminnuddin

Accident Date:

29-Jun-20

Vehile No: FS1406K

Vehicle Model:

Yamaha RXZ

**Estimate Repair Cost** 

Qty	Description List Items	<u>A</u> 1	mount S(\$)
	To provide towing service (LOD) Total loss Beyond repair cost of S\$5,000.00	\$ \$	30.00 4,500.00
		\$	4,530.00

Dollars: Four Thousand Five Hundred and Thirty only

EROFIA MOTOR TRADING PTE LTD

MV&4K. LIA-\$1650 Bet \$2350

Not Authorise
Lever
6/8/11

LKK Auto Consultants hence notify

the Repairer of the following:

- · To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed.
  Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company.

Acknowledged by Repairer

Signature:

# BIKE RECOVERY SERVICE

HP: 8298 6622 Business Reg. No: 201216510M

CASH SALE

NO: 01943

Date: 26/7/21

Particular:		Date: 20/ 1/21
Vehicle No: FS 1406	Model No	0: _ R × Z
From: T.P Pound	To: EROF	
Time: (Day/Night):		
Others:		
CASH \$:		
NOTE: Vehicle is towed at owner	er's risk. The Company accepts no re	sponsibility for 1

misdemeanour to your vehicle while being towed. esponsibility for damages or others

### > Back to OneMotoring

### **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle	Owner	Particul	are
VEITICLE	OWITE	rai ticui	ais

Owner ID Type: Singapore NRIC

Owner ID: 283F

Vehicle Details

Vehicle No.: FS1406K

Vehicle to be Exported: No

Intended Deregistration Date: 29 Jul 2021 Vehicle Make: YAMAHA

Vehicle Model: RXZ Primary Colour: Silver Manufacturing Year: 2000 Engine No.: 3BS252986

Chassis No.: ZMC252986

Maximum Power Output:

Open Market Value: \$3,614.00 Original Registration Date: 16 May 2000 First Registration Date: 16 May 2000

Transfer Count: 5

Actual ARF Paid: \$543.00

Intended PARF Rebate Details

PARF Eligibility: No PARF Eligibility Expiry Date: PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 15 May 2025 COE Category: D - Motorcycle

COE Period(Years):

5 PQP Paid: \$2,176.00 COE Rebate Amount: \$1,650.00 **Total Rebate Amount:** \$1,650.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of \$2,000 from NEA if it is deregistered on or before 5 April 2023. The last registered owner of this motorcycle will receive the incentive from NEA.

This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.

For more information, please visit http://www.nea.gov.sg/mtcincentive or contact NEA at 1800-2255-632.

The information contained herein is correct as at 28 Jul 2021

Clars & Property Fashion Home & Living Electronics & Mobiles Hobbies & Games Jobs & C Hello, chua V

**C** carousell

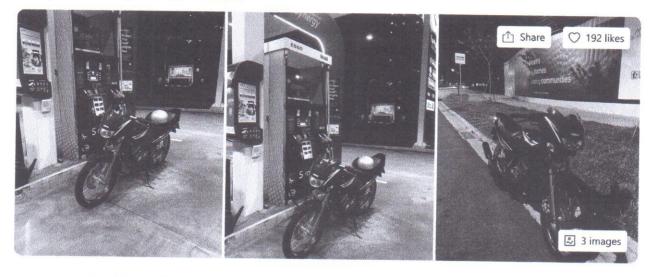
Search for an item

All of Singapore

Sell

Advertisement

Motorcycles O Motorcycles for Sale Class 2B



### YAMAHA RXZ 5PV 2025

\$\$6,400

C Used

ំ ំ Meetup

Braddell MRT Station (NS18)

# Description

Bumped

Make

Туре

1 week ago

Yamaha

Other

YAMAHA RXZ 5PV 2025 AUGUST NON RENEWABLE

NO REBATE

JUST RESTORED&RECOND

TIPTOP COND

DONT ASK TOO MANY QUESTIONS. IF INTRESTED CAN COME DOWN

read more

# Meet-up

- Braddell MRT Station (NS18)
- Singapore Changi Airport (SIN) (Singapore Changi Airport)



Write a custom message...

Send message to @alezek

\$\$ 6400

Make Offer

☐ Report this listing

Advertisement

Advertisement

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**C** carousell

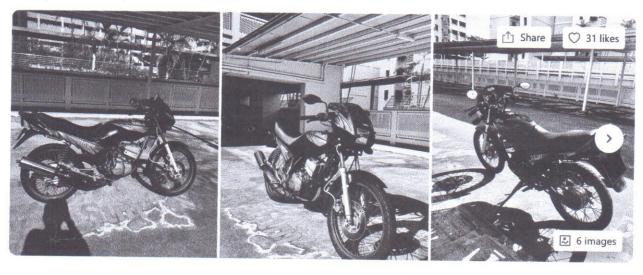
Search for an item

All of Singapore

Sell

Advertisement

Motorcycles Of Motorcycles for Sale Of Class 2B



### Yamaha rxz

S\$6,500

C° Used

្រំតំ Meetup

**Bukit Panjang** 



Write a custom message...

### Description

Posted

Make

Туре

2 days ago

Yamaha

Other

Selling RXZ full cash \$6.5k

Plate FV

COE ends on Sept 2022 (Renewable )

Have Nea Rebate 3.5k

Keen can Nego ⊕

Send message to @adib.f

S\$ 6500

Make Offer

Report this listing

read more

# Meet-up

Bukit Panjang [2]

### Meet the seller







Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 6220 Fax +65 6547 6352 www.police.gov.3g

Our Ref Date TP/IP/27739/2020 14 July 2021

Nor Haizan Bin Mohd Zailani Bik 443C Fernyale Road #02-377 Singapore 793443

Dear Sir,

SERIOUS TURNED FATAL ROAD TRAFFIC ACCIDENT ON 29 JUNE 2020 (MONDAY) AT ABOUT 5.58 AM ALONG UPPER SERANGOON ROAD BY UPPER SERANGOON CRESCENT INVOLVING A MOTORCYCLE; FS 1406 K, AND A TAXI; SHB 585 Z.

I refer to the serious turned fatal road traffic accident involving the late Mr Qusyairi Nor Hazim Bin Nor Haizat.

- We share the grief and anguish of your recent bereavement and sincerely hope that you and your family have adjusted to the loss of a loved one.
- 3 The driver of taxi, SHB 585 Z, has pleaded guilty in the State Court No. 4B on 6 July 2021 to the offence of Careless Driving Causing Death under Section 65(1)(b) of the Road Traffic Act Chapter 276, punishable under Section 65(2)(a) of the same Act.
- 4 He was sentenced to a total of 7-months' imprisonment with effect from 24 May 2021 and disqualified from holding or obtaining all classes of driving licence for a period of 8 years with effect from date of release.
- 5 If we can be of further assistance, please do not hesitate to contact me at telephone number 6547 6435

Yours Sincerely,

Nie

KAMALIAH KAMIS, SSS SENIOR INVESTIGATION OFFICER TRAFFIC POLICE DEPARTMENT SINGAPORE POLICE FORCE

A FORCE FOR THE NATION















UE

HT



Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2020 13:07

Vide Report No.

5515501

Station Diary No.

Report No. 1/20200707/2041

E/20200629/0029 56 Informant's Particulars Name of Informant: NOR HAIZAN BIN MOHD ZAILANI Address APT BLK 443C FERNVALE ROAD #02-377 SINGAPORE 793443 ID Type / ID No.: NRIC NO / S7716283F Contact No. Home/Office: Mobile: 90089545 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 43 16/06/1977 FATHER OF RIDER Race: Language: Institution / School Name Javanese Occupation: **Driving Licence Information:** FOOD DELIVERY RIDER Class: Date of Expiry:

General Infor	mation of the Accident			
Type of Accident	Fatal Conveyed By Ambular	Drink Drive; No	Date/Time of Accident: 29/06/2020 05:55	Type of Location
UPPER SERV	oad 1 and Road 2 ANGOON ROAD ANGOON CRESCENT			
Weather:	Į F	Road Surface:		Road Speed Limit.
Traffic Flow.	7	raffic Control:		Traffic Volume:
Type of Collisi	on:			Anyone conveyed by ambulance:

Details of	Vahicle lavolve	o Table			
		Make	Model	Color	Concition No of Patternger
FS1406K	Motorcycle	YAMAHA	RXZ	Silver	O CONTRACTOR OF THE PROPERTY O
The state of the s					

Cetalls of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	The of Data
	Use of Pedestrian Crossing: NA



Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

2 of 3 Report No. 1/20200707/2041

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Name	QUSYAIRI NOR HAZIM BIN N	OR HAIZAT	ID No.		T0103002C
Palatad Vahiala					
Iversied Actions	FS1406K (Motorcycle)		Conta	d No.	NIL
Hospital/Clinic	NIL.		Class Driving Licence Expiry	g ce &	Class NIL Date of Expiry NIL
Date Treatment	NIL	Date Disc	haroe	NIL	
No. of Days gran	ted Medical Leave NIL	Degree o	activities with first manners	PARTICIPATION OF THE PARTY OF T	

### Brief Details.

On 29/06/2020 at about 0030hrs, my son (one Qusyairi Nor Hazim Bin Nor Haizat, NRIC T0103002C) left home for his part-time job as a delivery food rider.

At 0730hrs, I called my son's mobile as he had not returned home. The phone was picked up by a staff from Changi General Hospital (CGH). I was informed that my son was involved in an accident and was admitted to CGH. I immediately went down to CGH A & E. I did not see my son until he was being transferred to the Intensive Care Unit (ICA).

On 30/06/2020 at about 2220hrs, my son passed away in the hospital.

I was informed by IO Kamalian to lodge a police report in regards to the accident vide E/20200629/0029.



# SINGAPORE POLICE FORCE

police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. 1/20200707/2041

CONTINUATION OF REPORT Tel No: 1800-343 8999

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

Staff Sgt LOI SHI HUI

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / FAIT / Sr Staff Sgl RAZIZ BIN TAHAR Contact No.: 65476195

Authentication Stamp

Signature Of Informant:

Date/Time: 07/07/2020 13:07

Classification Of Case:

Blonature

MBHH20059139 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 14/07/2020 14:30 (SGT)
SUBMITTED BY: Muhammad Sumardi Bin Mohd Affandi VERSION: 1 (30/11/2020 04:00 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
   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 aforesaid.

### **ACCIDENT STATEMENT**

Date of Submission Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

14/07/2020 14:30 (SGT) 29/06/2020 05:55 (SGT) JUNC OF UPP SERANGOON RD & UPP SERANGOON

Singapore

CRESCENT

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

FS1406K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

NUR ARRZIL BIN AMINNUDDIN

S9206131J

haizan\_nor@yahoo.com.sg

(Phone) +65-90089545

(Phone) +-90089545

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Yamaha

**RXZ** 

No - Reporting only

Motorcycle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

FWD Singapore Pte. Ltd. ThirdPartyFireTheft

PNMC2019-00005145

NA

QUSYAIRI NOR HAZIM BIN HAIZAT



NRIC No T0103002C Date Of Birth 05/02/2001 Occupation Indoor Date Of Driving Pass 20/06/2019 Driving experience 1 YEAR Gender Male Mobile Number (Office) +65-90089545 Alt. Phone Number **Email Address** haizan\_nor@yahoo.com.sg Address NA Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 1 Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 2 Vehicle Registration Number of Other Vehicle Owned by Driver 3 Insurance Company of Other Vehicle Owned by Driver 3 GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry 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? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name SENGKANG NPC Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - ON 29/06/2020 AT ABOUT 0030HRS, MY SON (ONE QUSYAIRI NOR HAZIM BIN NOR HAIZAT , NRIC T0103002C LEFT HOME FOR HIS PART TIME JOB AS A DELIVERY FOOD RIDER. AT 0730HRS, I CALLED MY SON'S MOBILE AS HE HAD NOT RETURNED HOME. THE PHONE WAS PICKED UP BY A STAFF FROM CHANGI GENERAL HOSPITAL (CGH) I WAS INFORMED THAT MY SON WAS INVOLVED IN AN ACCIDENT AND WAS ADMITTED TO CGH. I IMMEDIATELY WENT DOWN TO CGH A & E. I DID NOT SEE MY SON UNTIL HE WAS BEING TRANSFERRED TO THE INTENSIVE CARE UNIT (ICA). ON 30/06/2020 AT ABOUT 222OHRS, MY SON PASSED AWAY IN THE HOSPITAL. I WAS INFORMED BY IO KAMALIAH TO LODGE A POLICE REPORT IN REGARDS TO THE ACCIDENT VIDE E/20200629/0029 ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Was there any audio recorded? No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SHB585Z - TOYOTA / PRIUS TAXI (SMRT)
Vehicle Colour	-
Vehicle Category Name of Driver	Taxi
Contact Number	-
Address Address complement	
Postcode	E I
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 Address	QUSYAIRI NOR HAZIM BIN HAIZAT
Address Complement	-
Post Code	
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	
Were seat belts worn?	- N-
Was this injured conveyed to bearital by and the analysis of	No
Was this injured conveyed to hospital by ambulance?	Yes

#### 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)
  - (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 lincluding 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.

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

13/7/2020

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER WONG JUN KEAT

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

Policyholder's Signature

Date & Time:

SKETCH PLAN		
	JUNETHAN OF PORD	
	UPPER SEDAN-BEAN CREE	A
A.	HEMPORE SERVICIONI CRES	
	s afashe	
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	
REFER TO ATTACHED	STATEMENT.	
Distriction of the latest and the la		
DECLARATION		
Vive Nectors the foregoing pa	rticulars are true in every respect.	
	$\Lambda$	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER
Policyholders Square	M.	WONG JUN KEAT
	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personner's Signature Name:

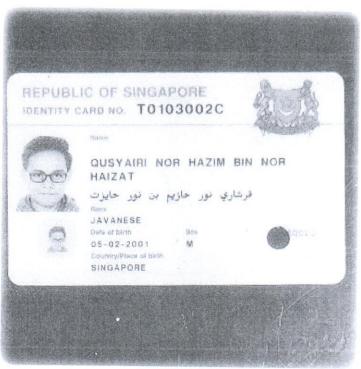
# REPUBLIC OF SINGAPORE CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO.

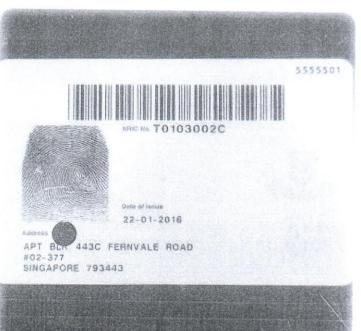
320111B

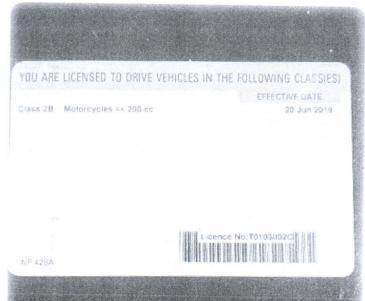
	Full name of deceased QUSYAIRI NOR HAZIM BIN NOR HAIZA  NRIC/Identification Document No T0103002C						
		Sex MALF		Date of bi	-	05/02/2001	1
SED	Race/Dialect Group  JAVANESE/MALAY	Nationality SINGAPORE CIT	TZEN	Country/I	Place of birt	th SINGA	the vizat.
DECEASED	Home Address APT BLK 443C FERNVALE ROAD #02-377 SINGAPORE 793443			Date and	hour of dea	ath	Krokt
	Place or Address where death occurred CHANGI GENERAL HOSPITAL			App	oroximate in		Arcen .
	CHANGI GENERAL HOSPITAL			Years	Months	Days	Hours
	I (a) HEAD INJURY					l say,	Tibule
	Disease or Condition leading to death						
		*					
	(b)						
	Antecedent Causes						
			1				
	(c)						
					1	1	1
	II Other Significant						
	Other Significant						
	Other Significant						
	Other Significant						
	Other Significant						
	Other Significant						
	Other Significant conditions						
	Other Significant conditions  Name and official status of person certifying cause of death				cate of Cat		
	Other Significant conditions  Name and official status of person certifying cause of death  OR WU JIA HAO, CONSULTANT FORENSIC PATHOLOGIST			Refere Date:	cate of Cau	2000211	
	Other Significant conditions  Name and official status of person certifying cause of death		I certify that	Refere Date:	nce No.:	2000211	5CR
N E	Other Significant conditions  Name and official status of person certifying cause of death  OR WUJIA HAO, CONSULTANT FORENSIC PATHOLOGIST  Name NOR HAIZAN BIN MOHD ZAILANI		I certify that	Refere Date:	nce No.: 01/07/2020	2000211	5CR
N E	Other Significant conditions  Name and official status of person certifying cause of death  OR WUJIA HAO, CONSULTANT FORENSIC PATHOLOGIST  Name NOR HAIZAN BIN MOHD ZAILANI		I certify that	Refere Date:	nce No.: 01/07/2020	2000211	5CR
N A	Other Significant conditions  Name and official status of person certifying cause of death or WU JIA HAO, CONSULTANT FORENSIC PATHOLOGIST  Name NOR HAIZAN BIN MOHD ZAILANI  Address APT BLK 443C FERNVALE ROAD #02-377		-2	Refere Date:	nce No.: 01/07/2020	2000211	5CR ne is corre
N A	Other Significant conditions  Name and official status of person certifying cause of death  OR WU JIA HAO, CONSULTANT FORENSIC PATHOLOGIST  Name NOR HAIZAN BIN MOHD ZAILANI  Address APT BLK 443C FERNVALE ROAD #02-377  SINGAPORE 793443		I certify that	Refere Date: he above in	nce No.: 01/07/2020	2000211	5CR
N A A R	Other Significant conditions  Name and official status of person certifying cause of death OR WUJIA HAO, CONSULTANT FORENSIC PATHOLOGIST  Name NOR HAIZAN BIN MOHD ZAILANI  Address APT BLK 443C FERNVALE ROAD #02-377 SINGAPORE 793443  RIC/Identification Document No. \$7716283F		Informant's Si	Refere Date: he above in	nce No.: 01/07/2020	2000211	5CR ne is corre
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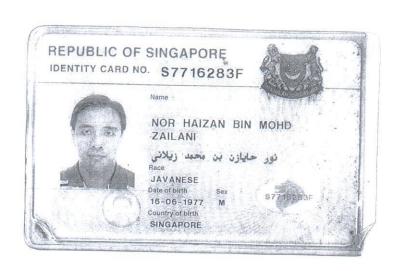
HON	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]	
DISPOSITION	Place of Burial CHUA CHU KANG GOVERNMENT CEMETERY OF Place of Cremation	Religious type MUSLIM
INFORMANT MAKING APPLICATION	NRIC/Identification Document No S7716283F apply for a permit to bury + cremate + 320111B  For application to cremate only  I certify that to the best of my knowledge, the deceased has no written direction that be/she should not be cremated +	Informant's Signature Date
REGISTRATION OFFICER	The criticate of Cause of Death certified that there is  No evidence of pacemaker in the body of the deceased +  Evidence of pacemaker/device removed from the body of the deceased +  Permit is approved.  O 1 JUL 2020  Date	for Commissioner of Public Health



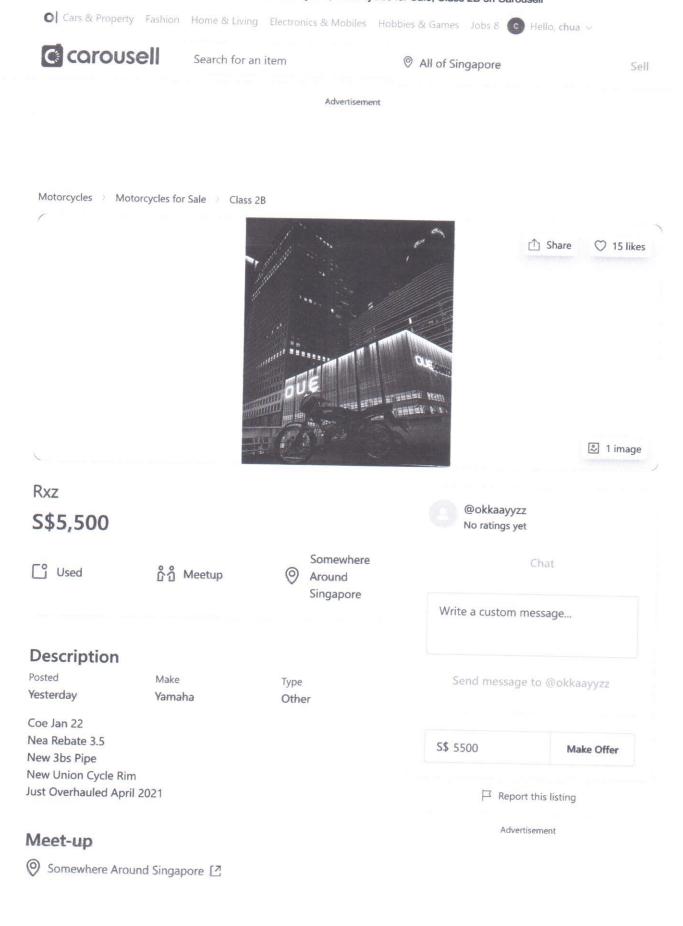












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