

OUR REF : PI.2021.0045.JK
YOUR REF : To be advised

WRITER : John Koh
EXECUTIVE : -
DIRECT LINE : +65 9008 3740
EMAIL : john@populuslaw.com.sg

20 August 2021

AXA INSURANCE PTE LTD
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

WITHOUT PREJUDICE
BY EMAIL: cst@axa.com.sg

Attn: Claims Department

Dear Sirs,

**LETTER OF CLAIM – PERSONAL INJURY CLAIM OF AHAMED MUSHTAQDEEN BIN HASAN MOHAMED (NRIC NO. S9139447B)
ACCIDENT INVOLVING FBG 3203B (OUR CLIENT) & SHC 8981E AT OR ALONG TAMPINES STREET 45 ON 1 APRIL 2021**

We refer to the above matter wherein we act for Mr Ahamed Mushtaqdeen Bin Hasan Mohamed, the owner/rider of FBG 3203B (“our client”).

We are instructed by the abovenamed to claim damages against your insured in connection with the abovementioned accident with **SHC 8981E**, which was insured by your goodselves.

We are instructed that the accident was caused by the negligence of the driver of **SHC 8981E**. As a result of the accident, our client suffered personal injuries. Our client’s injuries are set out in the medical report(s) annexed to this letter. Our client has been put to loss and expense.

Purely for the purpose of an amicable settlement, we are prepared to advise our client on the quantification as follow:

GENERAL DAMAGES		Amount:	
a.	Pain and suffering <ul style="list-style-type: none"> Neck pain / contusion Left knee trabecular fractures in the lateral femoral condyle extending from the anteromedial subchondral surface towards the metaphysis and mild insertional popliteus and LCL sprain 	S\$	5,000.00
		S\$	25,000.00
b.	Loss of future earnings / earning capacity	To be assessed	
c.	Future medical expenses	To be assessed	
SUB TOTAL:		S\$	30,000.00

In our efforts preserve the environment, please kindly reply to all our correspondences via email unless otherwise specified.

Please note that we do not accept service by way of facsimile.

SPECIAL DAMAGES		Amount:
a.	Medical expenses (to date) <ul style="list-style-type: none"> Statement of Account from CGH dated 1 June 2021 for \$1,410.31 	S\$ 1,410.31
b.	Transport expenses (based on \$30 per trip for 2 trips)	S\$ 60.00
c.	Costs of repairs:	S\$ 7,400.00
	SUB TOTAL:	S\$ 8,870.31
TOTAL DAMAGES		S\$ 38,870.31
Legal Costs: <i>(Please note that our firm is not GST registered)</i>		S\$ 2,500.00
Disbursements: <ul style="list-style-type: none"> i) LTA search fee: \$7.49 ii) Traffic Police search/report fee: \$30.00 iii) Medical report fee: \$110.00 iv) Incidentals: \$150.00 		S\$ 297.49
GRAND TOTAL		S\$ 41,667.80

Costs and disbursements are to be agreed or taxed. Please let us hear from you so we can advise and take our client's further instruction.

We enclose herewith the following documents for your retention:-

- 1) Police report / GIA report lodged by our client;
- 2) Police report lodged by the driver of SHC 8981E;
- 3) LTA search results of SHC 8981E;
- 4) Medical report dated 27 May 2021 from CGH Department of Orthopaedic Surgery;
- 5) Medical certificates and bills;
- 6) Repair bill;
- 7) Photographs taken at the accident scene (to be furnished upon request, by email only); and
- 8) Disbursements receipts.

In compliance with the pre-action protocol under State Courts' Practice Direction 38, we propose using one of the following medical experts as a single joint expert:-

Dr Lim Huiling Linda of CGH Department of Orthopaedic Surgery

In our efforts preserve the environment, please kindly reply to all our correspondences via email unless otherwise specified.

Please note that we do not accept service by way of facsimile.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter to us within 14 days of your receipt of this letter. Please also advise within 14 days of the 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.

Take notice that should you fail to acknowledge receipt of this letter within 14 days, and / or thereafter fail to resolve the matter to our client's satisfaction, our client will commence court proceedings against you without further notice to you or your insurer. Kindly treat this as statutory notice of the claim and proceedings thereunder.

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

Yours faithfully,



POPULUS LAW CORPORATION
Cc. Client
Enc





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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2021 19:50		Vide Report No.: G/20210401/0180		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHAMED MUSHTAQDEEN BIN HASAN MOHAMED			Address: 492F TAMPINES STREET 45 #06-702 SINGAPORE 526492		
ID Type / ID No.: NRIC NO / S9139447B			Contact No.: Home/Office: Mobile: 91384344		
Nationality: SINGAPORE CITIZEN			Email: ahamed1232002@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 17/10/1991	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Audio and video equipment technician			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2021 21:00	Type of Location: Straight Road
Location: TAMPINES STREET 45				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG3203B	Motorcycle	YAMAHA	FZ16ST	Black		0
SHC8981E	Car	HYUNDAI		Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210403/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3203B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00752852/01	10/01/2020	09/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AHAMED MUSHTAQDEEN BIN HASAN MOHAMED		ID No.	S9139447B
Related Vehicle	FBG3203B (Motorcycle)		Contact No.	91384344
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	01/04/2021		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	Unknown Driver		ID No.	S1487135G
Related Vehicle	SHC8981E (Car)		Contact No.	91603606
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

Brief Details.

I was travelling home from work after buying McDonald's for dinner. I had just travelled from Tampines street 34, junction, onto Tampines street 45. I saw there was taxi, SHC8981E, stopped by the left side, ahead of me with the hazard lights on.

I assumed that he might be dropping of passengers and had moved myself to the right. As i was approaching him, he started moving, fully turning right into my path to make a u turn . As the distance was too little i could not stop in time and had collided with him at the front of his vehicle with the front of my bike. Therefore i was flung off my bike onto the ground. As of writing this report, i have sustain injuries to my left and right knee, abrasions on the back of my right hip. Doctors have done some preliminary scans and xrays and said that there is no indication of any broken bones. The doctors said they will be further checking for ligament or other injuries in the mentioned areas.



**SINGAPORE
POLICE FORCE**



T/20210403/7022

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

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Report No. T/20210403/7022

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210403/7022

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

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Report No. T/20210403/7022

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 /
YEO CHUN JIAN
Contact No.: 65476213

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

Date/Time:
03/04/2021 19:50

Classification Of Case:

Authentication Stamp
NP168



POLICE REPORT (NP299)

Report No. G/20210408/7067

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 08/04/2021 18:55	Vide Report No.	Station Diary No.
Name Of Informant AHAMED MUSHTAQDEEN BIN HASAN MOHAMED	Address 492F TAMPINES STREET 45 #06-702 SINGAPORE 526492	
ID Type / ID No. NRIC NO / S9139447B	Contact No. Home/Office: Mobile: 91384344	
Nationality SINGAPORE CITIZEN	Email Address ahamed1232002@hotmail.com	
Occupation AV TECHNICIAN	Sex Male	Age 29
Institution/School Name	Date of Birth 17/10/1991	Race Indian
Date/Time Of Incident 01/04/2021 21:00	Location Of Incident TAMPINES STREET 45	

Brief details.

I would like to add on to my police Report No. T/20210403/7022.

I was being convey by ambulance to the nearest hospital, Changi General Hospital.

I suffered cervical spine contusion as well.

I was admitted from 01/04/2021 to 05/04/2021 and discharged on 05/04/2021 with 47 days HL from

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: 08/04/2021 18:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210408/7067

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210408/7067

01/04/2021 to 17/05/2021.

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: 08/04/2021 18:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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 20/04/2021 12:31 (SGT)
Date of Accident 01/04/2021 21:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES STREET 45 TOWARDS TAMPINES STREET 44
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG3203B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AHAMED MUSHTAQDEEN BIN HASAN MOHAMED
NRIC No SXXXX447B
Email Address ahamed1232002@hotmail.com
Mobile Phone No (Phone) +65-91384344
Alternative Phone No +65-91384344

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16st
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 153

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver AHAMED MUSHTAQDEEN BIN HASAN MOHAMED
NRIC No SXXXX447B

Date Of Birth	17/10/1991
Occupation	Indoor
Date Of Driving Pass	08/04/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-91384344
Alt. Phone Number	+65-91384344
Email Address	ahamed1232002@hotmail.com
Address	492F TAMPINES STREET 45 #06-702 SPORE 526492
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	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 material 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?	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

REFER TO SKETCH PLAN/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	SHC8981E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver -
 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 AHAMED MUSHTAQDEEN BIN HASAN MOHAMED
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBG3203B
 Were seat belts worn? 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 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.
 - (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 No. T/20210403/7022

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**



G/20210408/7067

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POLICE REPORT (NP299)

Report No. G/20210408/7067

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 08/04/2021 18:55	Vide Report No.	Station Diary No.
Name Of Informant AHAMED MUSHTAQDEEN BIN HASAN MOHAMED	Address 492F TAMPINES STREET 45 #06-702 SINGAPORE 526492	
ID Type / ID No. NRIC NO / S9139447B	Contact No. Home/Office: Mobile: 91384344	
Nationality SINGAPORE CITIZEN	Email Address ahamed1232002@hotmail.com	
Occupation AV TECHNICIAN	Sex Male	Age 29
Institution/School Name	Date of Birth 17/10/1991	Race Indian
Date/Time Of Incident 01/04/2021 21:00	Location Of Incident TAMPINES STREET 45	

Brief details.

I would like to add on to my police Report No. T/20210403/7022.

I was being convey by ambulance to the nearest hospital, Changi General Hospital.

I suffered cervical spine contusion as well.

I was admitted from 01/04/2021 to 05/04/2021 and discharged on 05/04/2021 with 47 days HL from

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2021 18:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**SINGAPORE
POLICE FORCE**

G/20210408/7067

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210408/7067

01/04/2021 to 17/05/2021.

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: 08/04/2021 18:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



T/20210403/7022

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

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Report No. T/20210403/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2021 19:50		Vide Report No.: G/20210401/0180		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHAMED MUSHTAQDEEN BIN HASAN MOHAMED			Address: 492F TAMPINES STREET 45 #06-702 SINGAPORE 526492		
ID Type / ID No.: NRIC NO / S9139447B			Contact No.: Home/Office: Mobile: 91384344		
Nationality: SINGAPORE CITIZEN			Email: ahamed1232002@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 17/10/1991	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Audio and video equipment technician			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2021 21:00	Type of Location: Straight Road
Location: TAMPINES STREET 45				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG3203B	Motorcycle	YAMAHA	FZ16ST	Black		0
SHC8981E	Car	HYUNDAI		Blue		0

Details of Vehicle Insurance

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



T/20210403/7022

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

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Report No. T/20210403/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3203B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00752852/01	10/01/2020	09/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AHAMED MUSHTAQDEEN BIN HASAN MOHAMED		ID No.	S9139447B
Related Vehicle	FBG3203B (Motorcycle)		Contact No.	91384344
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	01/04/2021		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	Unknown Driver		ID No.	S1487135G
Related Vehicle	SHC8981E (Car)		Contact No.	91603606
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

Brief Details.

I was travelling home from work after buying McDonald's for dinner. I had just travelled from Tampines street 34, junction, onto Tampines street 45. I saw there was taxi, SHC8981E, stopped by the left side, ahead of me with the hazard lights on.

I assumed that he might be dropping of passengers and had moved myself to the right. As i was approaching him, he started moving, fully turning right into my path to make a u turn . As the distance was too little i could not stop in time and had collided with him at the front of his vehicle with the front of my bike. Therefore i was flung off my bike onto the ground. As of writing this report, i have sustain injuries to my left and right knee, abrasions on the back of my right hip. Doctors have done some preliminary scans and xrays and said that there is no indication of any broken bones. The doctors said they will be further checking for ligament or other injuries in the mentioned areas.



**SINGAPORE
POLICE FORCE**

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



T/20210403/7022

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Report No. T/20210403/7022

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20210403/7022

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Report No. T/20210403/7022

CONTINUATION OF REPORT

Sketch Plan

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: 03/04/2021 19:50
Officer In Charge Of Case: TP / TPB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	



Contact us at
 Hotline: (65) 6532 2888
 E-mail: CustomerService@DirectAsia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	:	MC/00752852/01
Type of Coverage	:	Third-Party Fire and Theft Cover
1) Vehicle Registration No.	:	FBG3203B
Chassis No.	:	ME145S094C2005013
2) Name of Policy Holder	:	Ahamed Mushtaqdeen Bin Hasan Mohamed
3) Effective Date of Commencement of Insurance for the Purpose of the Act	:	10/01/2021 00:00
4) Date of Expiry of Insurance	:	09/01/2022 23:59
5) Persons or Classes of Persons Entitled to Drive		
(a) A named driver who is driving on the Policyholder's permission.		
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
6) Limitations as to use*		
Use only for private purposes and food deliveries in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
Sum Insured	:	Market Value
Policy Excess	:	S\$ 600.00 (before any applicable GST)
Theft Excess Outside Singapore	:	50% of market value capped at S\$2,000.00 (before any applicable GST)
Main driver	:	Ahamed Mushtaqdeen Bin Hasan Mohamed
Important Note: The policy only covers the main driver and the following named driver:		
Ref	Named Driver	
1	IRFAAN AHAMED BIN HASAN MOHAMED	
Finance Company / Hire Purchase	:	

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 10/12/2020

Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd
 20 Anson Road #08-01 Twenty Anson Singapore 079912
 www.DirectAsia.com

Company Registration: 200822611G



**SINGAPORE
POLICE FORCE**

TRAFFIC POLICE
10 UBI AVE 3
SINGAPORE 408865
Tel :65476244/43
Fax : 65474749

Your Ref: Pls Advise

Our Ref: TP/IP/16403/2021(TP142884/SR)

Date : 12/05/2021

POPULUS LAW
2 HAVELOCK ROAD #05-14
HAVELOCK II
SINGAPORE 059763

Dear Sir / Madam

ACCIDENT INVOLVING VEHICLE NOS: SHC8981E AND FBG3203B ON 01/04/2021.

I refer to your letter dated 04/05/2021. I wish to draw to your attention to the item(s) marked "X" hereunder:-

☐ Please be informed that Traffic Police will not investigating into the accident as it is a non-injury case which did not fall within the various categories of exception. You may wish to know that this is pursuant to the Non-injury Accident Reporting Scheme which was implemented on 1 May 1999.

☒ **This case is still under investigation by IO Jerry Yeo. Tel no: 65476213.**

☐ No action is being taken against anyone in this case. This does not preclude further prosecution should new evidence emerge later. Our findings do not affect insurance and civil claims.

☐ Action is being taken against the driver of vehicle no: _____ for Inconsiderate Driving.

☐ The driver of vehicle no: _____ has accepted the offer of composition on _____ for Careless Driving.

☐ The driver of vehicle no _____ has been given a warning for Careless Driving.

☐ The driver of vehicle no: _____ has pleaded guilty in Court no: 21 on _____ for Inconsiderate Driving.

☐ Please be informed that there is no record of this incident/accident in our system.

☒ **A copy of Police Report T/20210402/2019 is attached as requested.**

☐ There is no Police Report for vehicle no: _____.

☐ There is no Sketch Plan and Vehicle Damage Report in this case.

☐ The Coroner's Inquiry was held on _____ in Court no: 22 C.I. No: _____.

Yours Faithfully


SITI ROHAYYAH KASMANI
for HEAD INVESTIGATION
TRAFFIC POLICE

*Delete where inapplicable

A FORCE FOR THE NATION

NP 510



SINGAPORE POLICE FORCE



T/20210402/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20210402/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2021 09:20	Vide Report No.:	Station Diary No.: 11
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ABDUL JALIL BIN SAID			Address: APT BLK 113 PASIR RIS STREET 11 #05-673 SINGAPORE 510113		
ID Type / ID No.: NRIC NO / S1487135G			Contact No.: Home/Office: Mobile: 91603606		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 30/12/1961	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/04/2021 21:00	Type of Location: Bend
Location: TAMPINES STREET 45				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97
Siti Rohaiyah Kasman
Traffic Police
Date: 12 MAY 2021

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3203B	Motorcycle					0
SHC8981E	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210402/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20210402/2019

CONTINUATION OF REPORT

Rider				
Name	AHMAD MUSFAD		ID No.	S9139447B
Related Vehicle	FBG3203B (Motorcycle)		Contact No.	91384344
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
Driver				
Name	ABDUL JALIL BIN SAID		ID No.	S1487135G
Related Vehicle	SHC8981E (Car)		Contact No.	91603606
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 01/04/2021 at 9pm, I was driving (SHC 8981E) along the Tampines Street 45. I alighted a passenger at Lamport 28 and move forward before wanting to make a U-turn. I signalled to the right, and checked my blindspot. As I was about to make a U-turn, I heard a loud bang at the side of car. I immediately pulled my car to the side and came out of the car. I saw a motorcyclist lying on the floor with his motorcycle (FBG 3203B) fallen on the ground. I called for ambulance immediately and shortly after, I called for the police.

I noticed that my front right bumper and right tyre was damaged. The motorcyclist was conveyed by the ambulance and the traffic police seized my micro SD memory card that was meant for the CCTV installed at the front of my car.

I wish to state that the towing company moved my car away. I also wish to add that I did not suffer any injuries.

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

Siti Rohaiyah Kasmani
Traffic Police

Date:

12 MAY 2021



**SINGAPORE
POLICE FORCE**



T/20210402/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20210402/2019

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:
G /
Sgt 2 LEE WAN JING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

Date/Time:
02/04/2021 09:20

Siti Rohaiyah Kasmani
Traffic Police
Date: 12 MAY 2021

Classification Of Case:



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 28 Apr 2021 / 17:15:57

Receipt Date/Time : 28 Apr 2021 / 17:15:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210428-003510

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHC8981E As at 01 Apr 2021/21:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC8981E Enquiry Fee 20210428171544771342	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				-0.04
Total Amount Payable				7.45
Paid By				
8w7d44an			Credit Card	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



Your Ref : NA
Our Ref : MPL/2021/0004345
Date : 27 May 2021

POPULUS LAW CORPORATION
2 HAVELOCK ROAD
#05-14, HAVELOCK II
SINGAPORE 059763

Dear Sir/Madam

PATIENT'S NAME AHAMED MUSHTAQDEEN BIN HASAN MOHAMED
HRN XXXXX447B

Enclosed is the completed LEGAL ORDINARY MEDICAL REPORT (19)

Any clarification to the enclosed medical report will be accepted within 3 months from the above date. Beyond which, a fee will be applicable.

Please contact the Medical Reports Section at 6850 4545 for further assistance.

Thank you.

Yours sincerely

NUR DIYANA BINTE MOHD AMIN
Medical Reports Section

Enc.

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



CONFIDENTIAL

Our Ref : MPL/2021/0004345

Your Ref :-

27 May 2021

POPULUS LAW CORPORATION
2 HAVELOCK ROAD #05-14, HAVELOCK II
SINGAPORE 059763

Dear Sir

MEDICAL REPORT FOR AHAMED MUSHTAQDEEN BIN HASAN MOHAMED, NRIC/FIN: S9139447B

This report is written based on available Changi General Hospital (CGH) records and pertains to the patient's orthopaedic conditions only. The author did not personally examine this patient for the purpose of this report.

This patient was hospitalised in CGH from 1st-5th April 2021 following a road traffic accident (RTA). He was a motorcyclist who was hit by a car and presented with neck pain and left knee pain following the RTA.

Relevant scans were performed – CT brain, CT cervical spine, CT and MRI of his left knee. The full reports are attached alongside this letter.

His injury list are as follows:

1. Neck pain likely contusion – CT cervical spine showed no acute spine fracture or facet dislocation
2. Left knee pain secondary to trabecular fracture in the lateral femoral condyle which is shown on the MRI scan of his left knee.

Patient required no surgical intervention and was treated conservatively. He was discharged well and stable on 5/4/2021 with outpatient follow-up.

Yours sincerely

DR LIM HUILING LINDA
Medical Officer
Department of Orthopaedics Surgery

Changi General Hospital

Patient Results

Requested By: Linda Lim Huiling (Doctor)

27-May-2021 09:43 AM

AHAMED MUSHTAQDEEN BIN HASAN, MOHAMED

Sex: M

Age: 29y

DOB: 17-Oct-1991

MRN / Visit No.: S9139447B / 6921331913A

Locn: CGH A&E RESUS

Visit Status: DSC

Primary Provider:

01-Apr-2021 22:21	CT Cervical Spine	CGCT215023062279	Final
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Additional Info	Verified Date/Time : 01/04/2021 23:35 Verified Person : Dr. Tan Tien Jin Verified Section : CGH CT Requesting Person : Dr. Teo Tse Yean Performed at : Department of Radiology, Changi General Hospital 2 Simei Street 3, Singapore 529889	Final	Updated
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CT Cervical Spine		Final
-------------------	--	-------

Clinical Diagnosis :
RTARadiology Report:
CT BRAIN AND CERVICAL SPINE

TECHNIQUE:

Unenhanced MDCT of the brain was performed.

Comparison: No previous CT brain or CT cervical spine study was available for comparison.

FINDINGS:

CT brain:

There is no evidence of acute intracranial haemorrhage, definite acute territorial infarct, extra-axial collection, midline shift, mass effect or hydrocephalus.

The grey-white differentiation and basal cisterns are preserved.

Mild mucosal thickening is seen in the left maxillary sinus.

The remainder of the visualised paranasal sinuses and mastoids are unremarkable.

No acute skull vault fracture.

CT cervical spine:

There is loss of normal cervical lordosis. The cervical spine bony alignment, vertebral body heights and intervertebral disc spaces are largely preserved, save for a slight reduction of the intervertebral disc space at C5-6 level which is probably degenerative.

Mild background spondylotic changes are seen in the cervical spine in the form of small multilevel marginal endplate osteophytes.

No acute cervical spine fracture or facet dislocation.

The visualised sections of the lungs are unremarkable.

Old healed fracture of the right clavicle is noted.

CONCLUSION:

1. No established acute territorial infarct, intracranial haemorrhage or acute skull vault fracture.

2. No acute cervical spine fracture or facet dislocation.

Report Indicator: Known / Minor

Reported by: Awesh Shamrao Gambre, 60006G

Reported Date/Time: 01/04/2021 22:32

Finalised by: Tan Tien Jin, Senior Consultant, 11866D

Finalised Date/Time: 01/04/2021 23:35

Changi General Hospital

Patient Results

Requested By: Linda Lim Huiling (Doctor)

27-May-2021 09:41 AM

AHAMED MUSHTAQDEEN BIN HASAN, MOHAMED

Sex: M

Age: 29y

DOB: 17-Oct-1991

MRN / Visit No.: S9139447B / 6921012369D

Locn: CGH-W35-0005-12A

Visit Status: DSC

Primary Provider: KUO CHUNG LIANG

04-Apr-2021 11:13

CT Left Knee

CGCT215023062506

Final

Additional Info

Final

Updated

Verified Date/Time : 05/04/2021 10:40 Verified Person : Dr. Elizabeth Chan Hui Ying Verified Section : CGH CT

Requesting Person : Dr. Thurston Heng Yan Jia

Performed at : Department of Radiology, Changi General Hospital

2 Simei Street 3, Singapore 529889

CT Left Knee

Final

Clinical Diagnosis :

persistent left knee pain - possible left tibial plateau fracture seen on XR

TRO occult fracture

Radiology Report:

TECHNIQUE

Unenhanced CT images of the left knee were acquired and reconstructed into three orthogonal planes. These were correlated with the radiographs dated 1 April 2021.

FINDINGS

No fracture or dislocation is evident. There is no focal cortical step or disruption of the trabecular pattern identified. No periosteal reaction is seen. The trabecular fractures within the lateral femoral condyle seen on the MR scan performed on the same day are not visible on this scan.

There is no effusion seen in the suprapatellar pouch.

Report Indicator: Known / Minor

Finalised by: Elizabeth Chan Hui Ying, Senior Consultant, 09027A

Finalised Date/Time: 05/04/2021 10:40

Changi General Hospital

Patient Results

Requested By: Linda Lim Huiling (Doctor)

27-May-2021 09:42 AM

AHAMED MUSHTAQDEEN BIN HASAN, MOHAMED

Sex: M

Age: 29y

DOB: 17-Oct-1991

MRN / Visit No.: S9139447B / 6921012369D

Locn: CGH-W35-0005-12A

Visit Status: DSC

Primary Provider: KUO CHUNG LIANG

04-Apr-2021 11:13

MRI Left Knee

CGMR215023063484

Final

Additional Info

Final

Updated

Verified Date/Time : 05/04/2021 11:03 Verified Person : Dr. Elizabeth Chan Hui Ying Verified Section : CGH MRI

Requesting Person : Dr. Thurston Heng Yan Jia

Performed at : Department of Radiology, Changi General Hospital

2 Simei Street 3, Singapore 529889

MRI Left Knee

Final

Clinical Diagnosis :

persistent left knee pain - TRO left tibial plateau fracture and MCL injury

Radiology Report:

TECHNIQUE:

PD images of the left knee were acquired in three orthogonal planes together with sagittal T2 FS images. These were correlated with the radiographs dated 1 April 2021. The CT scan performed on the same day is noted.

FINDINGS:

Linear irregular hypointensities extending from the anterolateral subchondral surface of the lateral femoral condyle, towards the metaphysis, is associated with perilesional oedema, concordant with trabecular fractures. There is no overt disruption of the bony cortex identified.

There is no abnormal signal seen in the menisci to suggest a tear. The articular cartilage is intact with no focal full thickness defect or fissuring evident.

The anterior and posterior cruciate ligaments, as well as the medial collateral ligament, have a normal appearance. Focal increased signal within the popliteus insertion and the femoral attachment of the lateral collateral ligament (LCL) are reflective of tendinosis and sprain respectively. No discrete tear is evident.

A moderate amount of subcutaneous oedema is observed in the anterior knee. There is no suprapatellar effusion. The extensor mechanism is intact.

IMPRESSION:

MRI scan of the (L) knee reveals trabecular fractures in the lateral femoral condyle extending from the anteromedial subchondral surface towards the metaphysis. Mild insertional popliteus tendinosis and LCL sprain are also observed.

Report Indicator: May need further action

Finalised by: Elizabeth Chan Hui Ying, Senior Consultant, 09027A

Finalised Date/Time: 05/04/2021 11:03



**Changi
General Hospital**
SingHealth

MEDICAL CERTIFICATE

REG NO.: 198904226R

OTO202162262

NAME AHAMED MUSHTAQDEEN BIN HASAN, MOHAMED	NRIC / FIN / PASSPORT S9139447B
---	------------------------------------

This is to certify that the above-named is unfit for duty for a period of 47 days from 01-Apr-2021 to 17-May-2021.

TYPE OF MEDICAL CERTIFICATE:

- ☒ Hospitalisation Leave
☐ Outpatient Sick Leave
☐ Maternity Leave
☐ Sterilisation Leave
☐ Time Chit

Admitted on: 01-Apr-2021 Discharged on: 05-Apr-2021

Delivered on: _____

Operated on: _____

Time In: _____ Time Out: _____

This certificate is not valid for absence from court attendance.

Fit for light duty from N.A. to N.A..

COMMENTS:

HOSPITAL/CLINIC Orthopaedic Surgery	WARD CGH-W35	NAME/DESIGNATION/MCR NO NGUYEN HAI NAM
Changi General Hospital	DATE 05-Apr-2021	P2198C

This medical certificate is electronically generated. No signature is required.

This medical certificate was retrieved from <https://www.mc.gov.sg/mc/3otcok0ecethjel76yyeuj23ir>





STATEMENT OF ACCOUNTS

Co. Reg. No. 198904226R
GST Reg. No. M90368910N

Payment Enquiries (Office hours)
Telephone : 64078108
Email : payment@fss.com.sg

AHAMED MUSHTAQDEEN BIN HASAN
492F TAMPINES STREET 45
#06-702
SINGAPORE 526492

As at : 01/06/2021
Customer No. : S9139447B (3021321500)

Page 1 of 1

Class	Case / Inv No.	Admit / Visit Date	Discharge Date	Total Invoice Amt (\$)	Medisave / Other Payers (\$)	Payment by Patient (\$)	Amt Due from Patient (\$)
C	6921012369D	01/04/2021	05/04/2021	1,352.26	0.00	0.00	1,352.26
B2	7021056982H0001	18/05/2021	18/05/2021	58.05	0.00	0.00	58.05
<p>For financial assistance, please call telephone 68503333 for an appointment with our Medical Social Worker. Please contact Payment Enquiries if you require instalment payment arrangements. The hospital's appointed agent may contact you for further discussion.</p> <p style="text-align: right;">PLEASE PAY</p>							1,410.31
Number of days the amount outstanding							
<u>Curr</u>	<u>Up to 30 days</u>	<u>31 to 60 days</u>	<u>61 to 90 days</u>	<u>91 to 120 days</u>	<u>over 120 days</u>	<u>Total</u>	
SGD	58.05	1,352.26	0.00	0.00	0.00	1,410.31	

Please settle your account immediately. If you do not agree with the outstanding amount, please advise us promptly.
Please disregard this statement if payment has been made after this statement date.

F/BO/03-009.R10

Payment may be made at SingHealth Mobile Pay, DBS iBanking, AXS station, or by cheque. Payment may also be made at the Patient Service Centre during office hours or at the A&E Registration Counter after office hours.

<p>Please attach this statement to your cheque payment Cheque should be crossed and made payable to: CHANGI GENERAL HOSPITAL PTE LTD and mail to Robinson Road Post Office PO Box 2093 Singapore 904093 Amount Enclosed : S\$ Cheque No/Bank :</p>	<p>Statement Date : 01/06/2021 Balance Due : \$1,410.31 Customer No. : S9139447B (3021321500) Name : AHAMED MUSHTAQDEEN BIN HASAN</p>
--	--



GST Registration No. : M90368910N

TAX INVOICE
(INTERIM)

CADNIM

PAGE: 1 / 2
05.04.2021 14:21 hrs

Bill To AHAMED MUSHTAQDEEN BIN HASAN MOHAME ✓ 492F TAMPINES STREET 45 ✓ #06-702 SINGAPORE 526492 ✓	MRN/NRIC : S9139447B ✓ TAX INVOICE NO. : 6921012369D CUSTOMER : 3021321500 ADMISSION DATE : 01.04.2021 23:49 DISCHARGE DATE : LOCATION : W35R05 B12A ✓ M
--	--

Name of Patient AHAMED MUSHTAQDEEN BIN HASAN MOHAMED

Service Description

Amount (\$\$)

	Total Charges Before	Total Amt Payable
	Govt Grant	After Govt Grant
WARD (CLASS C) (5.0day(s))	1,144.85	215.00
DAILY TREATMENT FEE (CLASS C) (5.0day(s))	738.30	140.00
LABORATORY INVESTIGATIONS	124.00	54.00
X-RAY INVESTIGATIONS	1,311.50	263.50
MRI	800.00	400.00
SPECIALISED INVESTIGATIONS	29.00	6.00
REHABILITATIVE SERVICES	60.00	15.00
DRUGS / PRESCRIPTIONS / INJECTIONS	60.88	46.38
WARD PROCEDURES	127.00	32.00
CONSUMABLES	100.00	50.50
TOTAL CHARGES	4,495.53	
LESS : GOVERNMENT GRANT FOR CLASS C	3,273.15-	
AMOUNT PAYABLE BEFORE TAX		1,222.38
ADD : 7% GST		85.57
AMOUNT PAYABLE AFTER TAX		1,307.95
LESS : GST ABSORBED BY THE GOVERNMENT		85.57-
A&E ATTENDANCE FEE		128.41
NET AMOUNT PAYABLE		1,350.79
PAYMENT		

"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 B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R16

Please attach this portion to your cheque payment.

05.04.2021

14:21 hrs

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
Please mail to **Robinson Road Post Office, PO Box 2093, Singapore 904093.**

Amount Enclosed : \$ Cheque No./Bank :

S9139447B AHAMED MUSHTAQDEEN BIN HASAN ✓

MRN/NRIC : S9139447B ✓
TAX INVOICE NO. : 6921012369D
ADMISSION DATE : 01.04.2021



GST Registration No. : M90368910N

**TAX INVOICE
(INTERIM)**

CADNIM

05.04.2021 14:21 hrs

Bill To AHAMED MUSHTAQDEEN BIN HASAN MOHAME 492F TAMPINES STREET 45 #06-702 SINGAPORE 526492	MRN/NRIC : S9139447B TAX INVOICE NO. : 6921012369D CUSTOMER : 3021321500 ADMISSION DATE : 01.04.202123:49 DISCHARGE DATE : LOCATION : W35R05 B12A M
--	---

Name of Patient AHAMED MUSHTAQDEEN BIN HASAN MOHAMED

Service Description

Amount (\$\$)

PAYMENT

INTEGRATED GREAT EASTERN SUPREMEHEALTH
 MEDISAVE
 AHAMED MUSHTAQDEEN BIN HASAN

0.00
 0.00
 0.00

AMOUNT DUE

INTEGRATED GREAT EASTERN SUPREMEHEALTH
 MEDISAVE
 AHAMED MUSHTAQDEEN BIN HASAN

0.00
 1,350.79
 0.00

FOR INFORMATION:

REF: PMI/PMI9GEL/GEL-P-AC PLAN P PLUS

ST: P SN: S9139447B

MEDISAVE A/C HOLDER

CPF NO.

AMT DEDUCTED

R

AHAMED MUSHTAQDEEN BIN HASAN MOHAME

S9139447B

0.00

H

NOTE : THIS INTERIM BILL IS FOR YOUR INFORMATION - IT IS NOT A FINAL BILL. IT MAY NOT INCLUDE ALL CHARGES AS AT THE TIME OF PRINTING.

TYPE OF SUPPLY: CASH/CREDIT

"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 B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R16

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
 Please mail to **Robinson Road Post Office, PO Box 2093, Singapore 904093.**

Amount Enclosed : \$ Cheque No./Bank :

S9139447B AHAMED MUSHTAQDEEN BIN HASAN

05.04.2021

14:21 hrs

BALANCE DUE : S\$ 0.00
 MRN/NRIC : S9139447B
 TAX INVOICE NO. : 6921012369D
 ADMISSION DATE : 01.04.2021

CGH S9139447B

6921012369D

0000000000000000



STATEMENT OF ACCOUNTS

Co. Reg. No. 198904226R
GST Reg. No. M90368910N

Payment Enquiries (Office hours)
Telephone : 64078108
Email : payment@fss.com.sg

AHAMED MUSHTAQDEEN BIN HASAN
492F TAMPINES STREET 45
#06-702
SINGAPORE 526492

As at : 01/06/2021
Customer No. : S9139447B (3021321500)

Page 1 of 1

Class	Case / Inv No.	Admit / Visit Date	Discharge Date	Total Invoice Amt (\$)	Medisave / Other Payers (\$)	Payment by Patient (\$)	Amt Due from Patient (\$)
C	6921012369D	01/04/2021	05/04/2021	1,352.26	0.00	0.00	1,352.26
B2	7021056982H0001	18/05/2021	18/05/2021	58.05	0.00	0.00	58.05
<p>For financial assistance, please call telephone 68503333 for an appointment with our Medical Social Worker. Please contact Payment Enquiries if you require instalment payment arrangements. The hospital's appointed agent may contact you for further discussion.</p> <p style="text-align: right;">PLEASE PAY</p>							1,410.31
Number of days the amount outstanding							
<u>Curr</u>	<u>Up to 30 days</u>	<u>31 to 60 days</u>	<u>61 to 90 days</u>	<u>91 to 120 days</u>	<u>over 120 days</u>	<u>Total</u>	
SGD	58.05	1,352.26	0.00	0.00	0.00	1,410.31	

Please settle your account immediately. If you do not agree with the outstanding amount, please advise us promptly.
Please disregard this statement if payment has been made after this statement date.

F/BO/03-009.R10

Payment may be made at SingHealth Mobile Pay, DBS iBanking, AXS station, or by cheque. Payment may also be made at the Patient Service Centre during office hours or at the A&E Registration Counter after office hours.

<p>Please attach this statement to your cheque payment Cheque should be crossed and made payable to: CHANGI GENERAL HOSPITAL PTE LTD and mail to Robinson Road Post Office PO Box 2093 Singapore 904093 Amount Enclosed : S\$ Cheque No/Bank :</p>	<p>Statement Date : 01/06/2021 Balance Due : \$1,410.31 Customer No. : S9139447B (3021321500) Name : AHAMED MUSHTAQDEEN BIN HASAN</p>
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POPULUS LAW CORPORATION
2 HAVELOCK ROAD
#05-14, HAVELOCK II
SINGAPORE 059763

MR No. : MPL/2021/0004345
Receipt No. : X743802104201043105739
Date : 24-May-2021
Reference No. : NA
External Receipt No. : X74380210420104310573
9C120051076334

PAYMENT ACKNOWLEDGEMENT

GST Reg No. : M9-0368910-N

Received From : POPULUS LAW CORPORATION	Quantity	Fee (\$)	Amount (\$)
Patient Name : AHAMED MUSHTAQDEEN BIN HASAN MOHAMED HRN : XXXXX447B			
LEGAL ORDINARY MEDICAL REPORT (19)	1	110.00	110.00
	Amount Before Tax		102.80
	GST (7%)		7.20
	Total Amount Payable		110.00

Payment Mode	Receipt ID	Cheque/Card No.	Bank	Amount Paid
PAYNOW	MR/2021/03582			110.00

PLEASE NOTE: The time frame for completion of **Ordinary** medical reports is between 4 to 6 weeks from time of request. **Specialist** medical reports and **Work Injury** compensation cases require a longer processing time as a review at the Specialist outpatient clinic may be required after the patient has been discharged or given an open date for clinic review. Request for **Duplication** of investigation results will be completed within 1 week of receipt at Health Information Management Services (HIMS).

***You are served by

NUR DIYANA BINTE MOHD AMIN



**SINGAPORE
POLICE FORCE**

PAYMENT

TAX INVOICE

Invoice No : SPF2021050401000406

Date/Time: 04/05/2021 15:51:29

Application Paid Via: Debit
Bank Reference No: 20210504155215186551
GST Reference No: MG-8400000-5

Transaction Ref No: TP000142884

	Service Type	Service Fee	eService Reference No	Unit Price (S\$)	GST (S\$)	Qty	Amount (S\$)
1	Police Document	Search Fee	0050000002416370	14.00	0.00	1	14.00
Total (S\$)							14.00

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

Please print a copy of the invoice for your reference.

A FORCE FOR THE NATION





**SINGAPORE
POLICE FORCE**

PAYMENT

TAX INVOICE

Invoice No : SPF2021051001000054

Date/Time:

10/05/2021 08:39:14

Application Paid Via: Debit
Bank Reference No: 20210510084128163650
GST Reference No: MG-8400000-5

Transaction Ref No: TP000142884

	Service Type	Service Fee	eService Reference No	Unit Price (S\$)	GST (S\$)	Qty	Amount (S\$)
1	Police Document	Document Fee	0050000002419441	16.00	0.00	1	16.00
						Total (S\$)	16.00

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

Please print a copy of the invoice for your reference.

A FORCE FOR THE NATION



JDZ AUTOMOTIVE

21 WOODLANDS CLOSE
#05-34 PRIMZ BIZHUB
SINGAPORE 737854
UEN NO. 202104469K

PROFORMA INVOICE

DATE: 15/8/2021

Invoice No.: 1002

Vehicle No.: FBG3203B

Date of Accident: 01/04/2021

S/N	Description	Unit Price (\$)	Qty	Total Amount (\$)
1	LUMP SUM			\$7400
2				
		TOTAL AMOUNT (SGD)		\$7400

Payment Notes

All payments must be made only in the form of Cash or Crossed Cheque payable to “JDZ Automotive”.



JDZ AUTOMOTIVE