

CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN201330709H

ARULCHELVAN S • RUTHRA RAM • DANIEL WOO

Our ref: AS.2021-0711.kc

Your ref: To be advised

4 August 2021

AXA Insurance Singapore Pte Ltd
8 Shenton Way #27-01
AXA Tower
Singapore 068811

BY EMAIL

SOH WEI WEN
288 YISHUN AVE 6
#11-56
Singapore 760288

CERTIFICATE OF POSTING

Dear Sirs,

**ACCIDENT INVOLVING (RIDER) FBK 2401G & SJP 7064S ALONG TAMPINES ST 71
ON 18 JUNE 2021**

1. We act for Muhammad Zahin Bin Hatman, rider of motor cycle FBK 2401G at the material time in his claim for personal injury suffered as a result of a road traffic accident that occurred on 18 June 2021 along Tampines St 71 involving FBK 2401G and SJP 7064S (the "accident").
2. We have been instructed that the above accident was caused by your/your servant's and/or agent's negligence and/or contributory negligence in the driving and management of motor vehicle SJP 7064S. As a result of the accident, our client has been put to loss and expense.
3. Accordingly, and in compliance with the PIMA Protocol (see "NOTE" below), **we hereby give you notice of our client's intention to claim damages against you** for personal injuries and consequential loss and expense suffered by our client as a result of your/your servant's and/or agent's negligence and/or contributory negligence at the material time, and, if necessary, to commence legal action against you/your servant and/or agent for the same.

NOTE: The Pre-Action Protocol for Personal Injury Claims, Appendix E of the State Courts Practice Directions Amendment No. 1 of 2016 ("the PIMA") is relevant and applies to all claims for personal injury as a result of road traffic and industrial accidents. Relevant provisions of the mentioned PIMA will be hereafter highlighted. A soft copy can be found at: <https://epd.statecourts.gov.sg/Appendices.html#appendix-e-pre-action-protocol-for-personal-injury-claims>

4. In compliance with the paragraph 3.2 of the PIMA Protocol, we set-out the quantification of our client's claim at this point in time as follows:-

General Damages

- | | | |
|----|------------------|-------------------|
| a) | Pain & Suffering | |
| | i. Neck strain | \$5,000.00 |
| b) | Loss of income | \$ to be assessed |

Special Damages

- | | | |
|----|---------------------------------|------------|
| c) | Medical expenses (continuing) | \$536.10 |
| d) | Transport expenses (continuing) | \$90.00 |
| e) | Cost of repairs | \$7,600.00 |
| f) | Loss of use (\$50.00 x 8 days) | \$400.00 |

In view of an amicable settlement at this stage of the intended proceedings, we further render below a list of disbursements incurred (at this point in time):-

Disbursements incurred as to date:

- | | | |
|----|--------------------|----------|
| g) | LTA search fee | \$7.49 |
| h) | Medical report fee | \$110.00 |
| i) | Incidentals | \$100.00 |
| j) | Survey report fee | \$476.00 |

5. Please note that the above quantification is made on a "Without Prejudice" basis and we reserve our client's rights to re-quantify the claim.
6. Pursuant to paragraph 3.8 of the PIMA Protocol, kindly find annexed herewith copies of the following documents for your consideration:-
- a) Traffic police report filed by the rider of motor cycle FBK 2401G;
 - b) LTA search;
 - c) Medical Report and the invoice issued by Changi General Hospital;
 - d) Survey report and colour photographs;
 - e) Final repair invoice;
 - f) Medical certificates; and
 - g) Medical invoices.
7. We would like to bring to your attention paragraph 3.9 of the PIMA Protocol, which requires you to pass this letter of claim and the attached documents to your insurer immediately upon receipt, if you wish to make a claim under your insurance policy.
8. Please also be informed that paragraph 4.1 of the PIMA Protocol requires you to send us a letter acknowledging receipt of this letter within fourteen (14) days from the date of this letter. Failure to comply permits us to commence legal proceedings without sanction by the court (paragraph 4.2, PIMA Protocol).
9. Further, pursuant to the requirements of paragraph 4.4 of the PIMA Protocol, you are to write to us substantively on the following within 8 weeks from the date of this letter:
- a) Whether you, or, your insurer is/will be defending the claim. In the event your insurer is not defending the claim, the reason(s) for your insurer's decision not to is/are to be provided;

- b) In the event your insurer is the party writing to us, apart from satisfying the other PIMA Protocol requirements, the reply letter must also state the name(s), telephone number(s), fax number(s) of the relevant insurance officer(s) handling the matter, as well as the insurer's file reference number(s) for the purposes of facilitating correspondence;
 - c) Your position on the claim on both liability and quantum. If the claim is not admitted in its entirety, reasons for the partial or complete non-admittance and a list of documents, together with copies of all relevant supporting documents, are to be provided. Please note that Singapore Accident Statements and police reports provided must be full and complete and must reflect the names, identification numbers and addresses of all persons involved in the accident together with type-written transcripts of their factual accounts of the accident;
 - d) You must also state your position on quantum and/or make an offer of settlement within fourteen (14) days of receipt of the medical report from the medical expert.
10. **TAKE NOTICE** that we wish to appoint our client's doctor(s) as the Single Joint Expert ("SJE") in the matter, as per the medical report and/or specialist medical report provide. Kindly let us know if you are agreeable to our proposed medical expert(s) to be the SJE in this matter.
11. In the event where the estimated quantum of the claim falls within the jurisdiction of a Magistrates Court (<\$60,000), you are required to send us a letter stating whether you agree or have any objections to the SJE appointment of the medical expert as proposed by us (relevant specialty) within fourteen (14) days of sending the acknowledgement letter to us (paragraph 4.3, PIMA Protocol). In the event you fail to reply or fail to object to any of our proposed medical expert within the stipulated timeline, you are deemed to have agreed to the appointment of our medical expert as the SJE.
12. This letter serves as a **NOTICE** to you and your insurers pursuant to Section 9(3)(a) of the Motor Vehicles (Third Party Risks and Compensation) Act that our client will commence legal proceedings against you / your servant and/or agent.

Thank you.

Yours faithfully,



MR ARULCHELVAN S

Enclosure(s)

PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE (510607)

BUSINESS REGN. No. 53193457L

Email: wilybjt@gmail.com / Mobile: 96699986**INVOICE**

Mr. Muhammad Zahin Bin Hatman
Block 707 Tampines Street 71 #09-88
Singapore 520707

Invoice No : PA/2106/0009/tpw
Our Ref : PA/FBK2401/0621/tpw
Date : 30 June 2021

Claim Type	Third Party	Date of Accident	18 June 2021
Vehicle No.	FBK 2401 G	Date of Inspection	25 June 2021
No	Description	Amount (S\$)	
1	Survey fees inclusive of Transportation and Photographs (36) copies	\$476.00	
	Total	\$476.00	
Singapore Dollar: Four Hundred And Seventy-Six Only			
Payments as follows and kindly indicate Invoice No.			
• Cheque - Payable to Prudent Adjustors Services			
• Bank Transfer - DBS 025-902513-4			
• Paynow - UEN No 53193457LBJT			



Prudent Adjustors Services
Bok Jee Tan

PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE 510607

BUSINESS REGN. No. 53193457L

Email: willybit@gmail.com / Mobile: 96699986

VEHICLE DAMAGE INSPECTION REPORT

Mr. Muhammad Zahin Bin Hatman
Block 707 Tampines Street 71 #09-88
Singapore 520707

Our Ref PA/FBK2401/0621/tpw
Date 30 June 2021

REFERENCES

Claim Type	: Third Party	Date of Accident	: 18 June 2021
Vehicle No	: FBK 2401 G	Date of Assignment	: 25 June 2021
Make	: Honda	Date of Inspection	: 25 June 2021
Model	: CB400X M	Date of Re-inspection	: Nil
Registration Date	: 21 May 2015	COE Expiry	: 20 May 2025
Color	: Red	Chassis No	: NC471005762
Odometer	: 92,450 km	Engine No	: Blocked

TYRE CONDITION

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Pirelli	120/60-17	5mm
Rear	Pirelli	160/60-17	6mm

GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

The vehicle sustained damage at front and right sides.
Please refer to photographs and assessment of repairs for details
Enclosed (36) photographs depicting damages

INSPECTION AND ADJUSTMENT

Original Quotation : \$10,379.43 Revised Assessment \$7,600.00 Lump sum

Survey conducted at S1 Motoring

In accordance to your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately
Six (6) days to complete.

This survey was conducted on a "WITHOUT PREJUDICE" basis.

Note:

The workshop has agreed to undertake the repair on a lump sum basis, and or the use of ex-stock reconditioned parts whichever is possible

PRUDENT ADJUSTORS SERVICES

Vehicle No: FBK 2401 G

Our Ref: PA/FBK2401/0621/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

<u>S/N</u>	<u>Description Material</u>	<u>Qty</u>	<u>Condition</u>	<u>Original Quotation</u>	<u>Revised Quotation</u>
1	Windscreen set	1 pc	Usable	229.80	~
2	Handle bar	1 pc	Bent	210.90	210.90
3	Mirror	1 set	Cut	173.60	173.60
4	Brake lever	1 pc	Bent	48.50	48.50
5	Clutch lever	1 pc	Bent	45.80	45.80
6	Headlight cowling	1 pc	Cracked	314.90	314.90
7	Headlight cowling lower	1 pc	Usable	105.90	~
8	Front Signal @ \$95/-	2 pcs	Cut LH	190.00	95.00
9	Front fork assy @ \$978.60/-	2 pcs	Twisted/cut	1,957.20	1,957.20
10	Fork under bracket	1 pc	Distorted	381.60	381.60
11	Front fender	1 pc	Cut	150.00	150.00
12	Front wheel assy	1 pc	Cut	893.90	893.90
13	Front brake disc	1 pc	Warped	480.00	480.00
14	Fuel tank side pad (Black) @ \$198.30/-	2 pcs	Deformed	396.60	396.60
15	Rider footrest RH	1 pc	Bent	87.00	87.00
16	Rider footrest bracket	1 pc	Bent	174.00	174.00
17	Brake pedal	1 pc	Bent	98.00	98.00
18	Exhaust muffler	1 pc	Grazed/cut	1,144.60	1,144.60
19	Exhaust cover	1 pc	Grazed/cut	150.40	150.40
				7,232.70	6,802.00
	List price less 10%			723.27	680.20
				6,509.43	6,121.80
	<u>Add special nett item</u>				
20	Handle guard	1 set	Grazed/cut	280.00	250.00
21	Steering cone & bearing	1 set	Necessary	220.00	200.00
22	Front wheel bearing	1 pc	Necessary	120.00	80.00
23	Upper crash guard	1 set	Cut	440.00	440.00
24	Engine guard	1 set	Cut	380.00	380.00
25	Rear box rack with base	1 set	Bent	250.00	180.00
26	Rear aluminium box (KAPPA)	1 pc	Grazed/cut	850.00	750.00
				2,540.00	2,280.00

PRUDENT ADJUSTORS SERVICES

Vehicle No: **FBK 2401 G**

Our Ref: PA/FBK2401/0621/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS


Labour Charges

Towing (2 trips)	180.00	150.00
Align body frame	550.00	450.00
Workmanship	600.00	500.00
	<u>1,330.00</u>	<u>1,100.00</u>

Total parts & labour concluded	<u>10,379.43</u>	<u>9,501.8</u>
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Lump sum repair adjustment		<u>7,600.00</u>
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Prudent Adjustors Services
Bok Jee Tan

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 027D

Vehicle Details

Vehicle No.: FBK2401G
Vehicle to be Exported: Yes
Intended Deregistration Date: 25 Jun 2021
Vehicle Make: HONDA
Vehicle Model: 400X M
Primary Colour: Red
Manufacturing Year: 2015
Engine No.: NC47E1005774
Chassis No.: NC471005762
Maximum Power Output: -
Open Market Value: \$6,312.00
Original Registration Date: 21 May 2015
First Registration Date: 21 May 2015
Transfer Count: 4
Actual ARF Paid: \$947.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 20 May 2025
COE Category: D - Motorcycle
COE Period(Years): 10
QP Paid: \$6,501.00
COE Rebate Amount: \$2,536.00
Total Rebate Amount: \$2,536.00

The information contained herein is correct as at 25 Jun 2021

OK

 0 Likes[REPORT ERROR > \(/LISTING/LISTING/ERROR/USEDBIKE/21059/\)](#)[SHARE \(WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/HONDA-HONDA-CB400X/210](#)

Honda CB400X

Listing Type	Free Ad
Brand	Honda (/listing/usedbike/brand/honda/)
Model	Honda CB400X (/listing/usedbike/model/honda-cb400x/)
Engine Capacity	399cc
Classification	Class 2A (/listing/usedbike/model/motorcycle-for-sale/class/class-2a/)
Registration Date	31/12/2014
COE Expiry Date	30/12/2024 (3 years 6 months left)
Mileage	40000km
No. of owners	5
Type of Vehicle	Sport Tourers (/listing/usedbike/model/motorcycle-for-sale/sport-tourers/)

Price: ^{SGD}\$11800

DETAILS

































No. 3182

BLK 3006 UBI ROAD 1 #01-366 SINGAPORE 408700
BLK 3007 UBI ROAD 1 #01-448 SINGAPORE 408701
TEL : 6749 9535 FAX : 6749 9536

M/s

FBI 2401 G

DATE:

2-7-21

數量 Quantity	摘要 PARTICULARS	單價 Unit Price	銀 Amount 額 \$ cts.
	Lump Sum Repair		\$7600
		總計 TOTAL	\$7600

總計
TOTAL

\$7600

收貨人 Received by

經手人 Sold by



21-06-21; 12:17 ;

1/ 20

**SINGAPORE
POLICE FORCE**

T/20210619/2032

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210619/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2021 13:45	Vide Report No.: G/20210618/0157	Station Diary No.: 43
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Informant's Particulars

Name of Informant: MUHAMMAD ZAHIN BIN HATMAN			Address: APT BLK 707 TAMPINES STREET 71 #09-88 SINGAPORE 520707		
ID Type / ID No.: NRIC NO / S9018027D			Contact No.: Home/Office: Mobile: 96663974		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 23/05/1990	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/06/2021 18:30	Type of Location: Straight Road
Location: TAMPINES STREET 71				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2401G	Motorcycle	HONDA	400X M	Red	Slightly Damaged	0
SJP7064S	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK2401G	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100222 1	05/04/2021	04/04/2022



**SINGAPORE
POLICE FORCE**



T/20210619/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20210619/2032

CONTINUATION OF REPORT**Brief Details.**

On 18/06/2021 at about 1830hrs, I met with an accident along Block 708 Tampines Street 71, near the entrance of the carpark (TMT31). I was riding my motorcycle bearing plate no. FBK2401G. I saw the car bearing plate no. SJP7064S was driving in front of me. I thought the car was turning into the carpark. The car suddenly made an U-turn which I do not expected it as such I hit on the front right of the car (driver door). I fell off from the right side of the motorcycle and landed on the road.

My motorcycle right body frame, engine pipe, right mirror and right lever guard has scratches and brake lever bent downwards. I was also informed my motorcycle cannot be start up by the tow truck personnel. The other vehicle has dent and tire mark on the driver door.

I do not remember who called for the police but the incident was attended by the traffic police. I was conveyed by the ambulance to Changi General Hospital and was given 5 days MC (18/06/2021 to 22/06/2021). There was no passenger on my motorcycle.

No government property was damaged.

I would like to state that I do not have any video recording. The motorcycle, is my own personal motorcycle.

I am lodging this police report as requested by the IO from traffic police.



SINGAPORE
POLICE FORCE



T/20210619/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20210619/2032

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 /

Insp TAN YU KAI, JUSTIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/06/2021 13:45

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168



Changi
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD2021109170

Name MUHAMMAD ZAHIN BIN HATMAN		NRIC No. S9018027D	
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>18-Jun-2021</u> to <u>22-Jun-2021</u>			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Operated on : _____	
Discharged on : _____	<input type="checkbox"/> Sterilization Leave		
This certificate is not valid for absence from court attendance.			
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Time Chit Time In <u>N.A.</u> Time Out <u>N.A.</u>			
Diagnosis Road Traffic Accident		Surgical Operation (If applicable)	
Comments :			
Hospital/Clinic Emergency Medicine Changi General Hospital		Ward No. CGH Accident & Emergency Date 18-Jun-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. SETHI SHEVAUN SU-LYN , 63115I



Changi
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD2021109160

Name MUHAMMAD ZAHIN BIN HATMAN		NRIC No. S9018027D
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>18-Jun-2021</u> to <u>22-Jun-2021</u> inclusive		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Operated on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 18-Jun-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. SETHI SHEVAUN SU-LYN, 63115I



ORIGINAL

MEDICAL CERTIFICATE

EMD2021110317

Name MUHAMMAD ZAHIN BIN HATMAN		NRIC No. S90180270
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>21-Jun-2021</u> to <u>25-Jun-2021</u> inclusive		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>26-Jun-2021</u> to <u>02-Jul-2021</u>		
Time Chit	Time in <u>N.A.</u>	Time out <u>N.A.</u>
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 21-Jun-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. EDGAR AZADA SALANDANAN, 17172G



Changi
General Hospital
SingHealth

Payment Enquiries: 6407 8108 Email: payment@fhs.com.sg
Mon-Fri 8.30am-6.00pm Sat 8.30am-12.30pm

PAGE: 1 / 2

GST Registration No.: M90368910N

ORIGINAL RECEIPT

CAEMAJ

18.06.2021 21:05 hrs

Bill To

MUHAMMAD ZAHIN BIN HATMAN
707 TAMPINES STREET 71
TAMPINES SUNRISE
#09-88 SINGAPORE 520707

MRN/NRIC : S9018027D
CASE NUMBER : 6921358438B
CUSTOMER : 3025118928
A&E VISIT : 18.06.2021 19:52

Name of Patient MUHAMMAD ZAHIN BIN HATMAN

Service Description	Amount (\$S)	
	Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
X-RAY INVESTIGATIONS	141.00	0.00
DRUGS / PRESCRIPTIONS / INJECTIONS	5.90	0.00
A&E ATTENDANCE FEE	256.00	126.00
TOTAL CHARGES	402.90	
LESS : GOVERNMENT GRANT	276.90-	
AMOUNT PAYABLE BEFORE TAX		126.00
ADD : 7% GST		8.82
AMOUNT PAYABLE AFTER TAX		134.82
LESS : GST ABSORBED BY THE GOVERNMENT		8.82-
NET AMOUNT PAYABLE		126.00
PAYMENT		
MUHAMMAD ZAHIN BIN HATMAN		126.00-
AMOUNT DUE		
MUHAMMAD ZAHIN BIN HATMAN		0.00
FOR INFORMATION:		
ST: P SN: S9018027D		
PAYMENT DETAILS		
NAME	DATE	AMOUNT
MUHAMMAD ZAHIN BIN HATMAN	18.06.2021	126.00
		PAYMENT TYPE
		VISA/MASTERCARD

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 Statements 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/NETS 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.

18.06.2021 21:05 hrs

Amount Enclosed : \$ Cheque No./Bank :

MRN/NRIC : S9018027D
CASE NUMBER : 6921358438B
ADMISSION DATE : 18.06.2021

S9018027D MUHAMMAD ZAHIN BIN HATMAN



Changi
General Hospital
SingHealth

Payment Enquiries: 6407 8108 Email: payment@chf.com.sg
Mon-Fri 8:30am-6:00pm Sat 8:30am-12:30pm

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GST Registration No. AP00368910N

ORIGINAL RECEIPT

CAEMAJ

18.06.2021 21:05 hrs

Bill To

MUHAMMAD ZAHIN BIN HATMAN
707 TAMPINES STREET 71
TAMPINES SUNRISE
#09-88 SINGAPORE 520707

MRN/NRIC : S9018027D
CASE NUMBER : 6921358438B
CUSTOMER : 3025118928
A&E VISIT : 18.06.2021 19:52

Name of Patient MUHAMMAD ZAHIN BIN HATMAN

Service Description

Amount (\$S)

THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTERCARD PAYMENT OF \$126.00 RECEIVED ON
18.06.2021.

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 Statements> 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/NETS 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 :

S9018027D MUHAMMAD ZAHIN BIN HATMAN

CGH 89018027D

6921358438B

18.06.2021

21:05 hrs

BALANCE DUE : S\$ 0.00
MRN/NRIC : S9018027D
CASE NUMBER : 6921358438B
ADMISSION DATE : 18.06.2021

0000000000000000



Changi
General Hospital
SingHealth

Payment Enquiries: 6407 8108 Email: payment@hhs.com.sg
Mon-Fri 8.30am-6.00pm Sat 8.30am-12.30pm

PAGE 1 / 2

ORIGINAL RECEIPT

CAERKA

21.06.2021 15:55 hrs

GST Registration No. M903689108

Bill To

MUHAMMAD ZAHIN BIN HATMAN
707 TAMPINES STREET 71
TAMPINES SUNRISE
#09-88 SINGAPORE 520707

MRN/NRIC : S9018027D
CASE NUMBER : 6921359239C
CUSTOMER : 3025118928
A&E VISIT : 21.06.2021 12:44

Name of Patient

MUHAMMAD ZAHIN BIN HATMAN

Service Description

X-RAY INVESTIGATIONS
A&E ATTENDANCE FEE

TOTAL CHARGES
LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT

MUHAMMAD ZAHIN BIN HATMAN

AMOUNT DUE

MUHAMMAD ZAHIN BIN HATMAN

FOR INFORMATION:

ST: P SN: S9018027D

PAYMENT DETAILS

NAME

MUHAMMAD ZAHIN BIN HATMAN

DATE

21.06.2021

AMOUNT

126.00

PAYMENT TYPE

VISA/MASTERCARD

DATE 21.06.2021

Amount (\$S)

Total Charges Before
Govt Grant

86.50

256.00

342.50

216.50

Total Amt Payable
After Govt Grant

0.00

126.00

PAYMENT 126.00

MASTERCARD 8182

DATE 21.06.2021

134.82

8.82

126.00

126.00

0.00

"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 Statements> 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/NETS 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

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Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

Amount Enclosed : \$

Cheque No./Bank :

S9018027D MUHAMMAD ZAHIN BIN HATMAN

21.06.2021

15:55 hrs

MRN/NRIC

S9018027D

CASE NUMBER

6921359239C

ADMISSION DATE

21.06.2021



Changi
General Hospital
SingHealth

Payment Enquiries: 6407 8108 Email: payments@hhs.com.sg
Mon-Fri 8:30am-6:00pm Sat 8:30am-12:30pm

PAGE: 2 / 2

ORIGINAL RECEIPT

CAERKA

21.06.2021 15:55 hrs

GST Registration No: M90162910N

Bill To

MUHAMMAD ZAHIN BIN HATMAN
707 TAMPINES STREET 71
TAMPINES SUNRISE
#09-08 SINGAPORE 520707

MRN/NRIC : S9018027D
CASE NUMBER : 6921359239C
CUSTOMER : 3025118928
A&E VISIT : 21.06.2021 12:44

Name of Patient MUHAMMAD ZAHIN BIN HATMAN

Service Description

Amount (\$S)

THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTERCARD PAYMENT OF \$126.00 RECEIVED ON 21.06.2021.

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 (Banking, AXS or NETS station), via Visa/MasterCard/NETS direct debit at <https://services.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

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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 :

S9018027D MUHAMMAD ZAHIN BIN HATMAN

CGH S9018027D

6921359239C

21.06.2021

15:55 hrs

BALANCE DUE : S\$ 0.00

MRN/NRIC : S9018027D

CASE NUMBER : 6921359239C

ADMISSION DATE : 21.06.2021

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21.06.2021

ORIGINAL RECEIPT

CAENAA5

21.06.2021 21:46 hrs

GST Registration No. M90368010N

Bill To

MUHAMMAD ZAHIN BIN HATMAN
707 TAMPINES STREET 71
TAMPINES SUNRISE
#09-88 SINGAPORE 520707

MRN/NRIC : S9018027D
CASE NUMBER : 6921359362D
CUSTOMER : 3025118928
A&E VISIT : 21.06.2021 17:57

Name of Patient MUHAMMAD ZAHIN BIN HATMAN

Service Description	Amount (\$S)	
	Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
X-RAY INVESTIGATIONS	550.00	275.00
DRUGS / PRESCRIPTIONS / INJECTIONS	6.20	3.10
A&E ATTENDANCE FEE	256.00	0.00
A&E PROCEDURES	31.50	6.00
TOTAL CHARGES	843.70	
LESS : GOVERNMENT GRANT	559.60-	
AMOUNT PAYABLE BEFORE TAX		284.10
ADD : 7% GST		19.89
AMOUNT PAYABLE AFTER TAX		303.99
LESS : GST ABSORBED BY THE GOVERNMENT		19.89-
NET AMOUNT PAYABLE		284.10
PAYMENT		284.10-
MUHAMMAD ZAHIN BIN HATMAN		
AMOUNT DUE		0.00
MUHAMMAD ZAHIN BIN HATMAN		
FOR INFORMATION:		
ST: P SN: S9018027D		
PAYMENT DETAILS	AMOUNT	PAYMENT TYPE
S901 NAME		
DATE		

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/NETS direct debit at <https://services.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 : \$
S9018027D MUHAMMAD ZAHIN BIN HATMAN

Cheque No./Bank :

21.06.2021 21:46 hrs

MRN/NRIC : S9018027D
CASE NUMBER : 6921359362D
ADMISSION DATE : 21.06.2021

GST Registration No.: M90368710N

ORIGINAL RECEIPT

CAENAA5

21.06.2021 21:46 hrs

Bill To

MUHAMMAD ZAHIN BIN HATMAN
707 TAMPINES STREET 71
TAMPINES SUNRISE
#09-88 SINGAPORE 520707

MRN/NRIC

CASE NUMBER

CUSTOMER

A&E VISIT

S9018027D

0921359362D

3025118928

21.06.2021 17:57

Name of Patient

MUHAMMAD ZAHIN BIN HATMAN

Service Description	Amount (\$S)
MUHAMMAD ZAHIN BIN HATMAN 21.06.2021 THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTERCARD PAYMENT OF \$284.10 RECEIVED ON 21.06.2021.	284.10 VISA/MASTERCARD
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 Statements 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, Visa/MasterCard/NETS 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.

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Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

Amount Enclosed : \$

Cheque No./Bank :

S9018027D MUHAMMAD ZAHIN BIN HATMAN

CGH S9018027D

6921359362D

21.06.2021

21:46 hrs

BALANCE DUE : S\$ 0.00

MRN/NRIC : S9018027D

CASE NUMBER : 6921359362D

ADMISSION DATE : 21.06.2021

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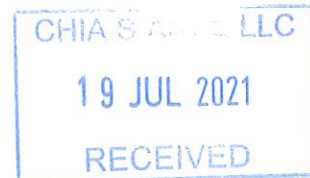
Restricted, Sensitive (Normal)

PRIVATE & CONFIDENTIAL

AS.2021-0711-kc
MPL/2021/0007735

12 July 2021

Through
CHAIRMAN MEDICAL BOARD
Changi General Hospital
2 Simei Street 3
Singapore 529889



MEDICAL REPORT
MUHAMMAD ZAHIN BIN HATMAN
S 9018027D
A&E: 21/6/2021 17:57 hours

This report was written based on a review of the available records in Changi General Hospital (CGH) Accident & Emergency department (A&E).

The above mentioned was seen by me at CGH A&E on 21/06/2021. He was registered at 17:57 hours.

Patient was recalled for abnormal cervical spine x-ray report. He was seen earlier on the same date for neck sprain. He has requested for MRI (Magnetic Resonance Imaging) of the right shoulder and is currently waiting for scheduled. He still has discomfort over the entire neck.

On examination, the following findings were noted:

- Alert, comfortable.
- Walked-in with steady gait.
- neck is supple, no midline tenderness, full range of motion.
- power 5/5 both upper limbs and lower limbs; sensation equal and intact.

Impression – Strain of neck muscle likely neck strain secondary to road traffic accident.

He was placed on cervical collar and spinal nursing. CT cervical spine was done and noted no acute cervical spine fracture or facet subluxation or dislocation seen. Cervical spine was cleared and stopped spinal nursing.

He was discharged with oral medications and was advised to keep outpatient follow-up to Orthopaedics with interim polyclinic follow-up. Hospitalization leave was issued from 21/06/2021 to 25/06/2021.

DR EDGAR AZADA SALANDANAN
Resident Physician
Accident & Emergency Department

CHIA S ARUL LLC
ATTN: MS KELLEY CHOONG
151 CHIN SWEE ROAD
#03-09 MANHATTAN HOUSE
SINGAPORE 169876

MR No. : MPL/2021/0007735
Receipt No. : MR/2021/04726
Date : 08-Jul-2021
Reference No. : AS.2021-0711.KC

OFFICIAL RECEIPT

GST Reg No. : M9-0368910-N

Received From : CHIA S ARUL LLC		Quantity	Fee (S\$)	Amount (S\$)
Patient Name : MUHAMMAD ZAHIN BIN HATMAN				
HRN : XXXXX027D				
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
MOTO VISA/MC	MR/2021/04726	3217		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 RULATIQA BINTE ABDUL AZIS

RECEIVED
12 JUL 2021
BY:

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 18 Jun 2021 / 18:30:00)

Vehicle Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

S9228695I

Owner Name:

SOH WEI WEN

Registered Address Type:

HDB / HUDC

Registered Block/House No.:

288

Registered Street Name:

YISHUN AVENUE 6

Registered Unit No.:

11 - 56

Registered Building Name:

-

Registered Postal Code:

760288

Vehicle Insurance Details

Vehicle No.:

SJP7064S

Make Description/Model:

HONDA / ODYSSEY 2.4L AT

Insurance Company Name:

AXA INSURANCE PTE LTD

Save as PDF

OK →

Print



Thank you

Chia See Kim Angela Sharon has successfully logged out.

Your last login date and time was 22 Jun 2021, 08:13:18.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(\$)	Log Date/Time
1	Vehicle	SJP7064S	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	22 Jun 2021 / 08:14:23