



Avalon Law Corporation

Havelock II, 2 Havelock Road
#05-21, Singapore 059763
Tel: 9008 3740

Writer : John Koh
Executive: -
Direct Line: +65 9008 3740
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lara@avalonlaw.sg

Our Ref: 2022.0419.PDPI.JK
Your Ref: S2M0403I

7th July 2022

WITHOUT PREJUDICE

AXA INSURANCE (S) PTE LTD

8 Shenton Way,
#27-01 AXA Tower,
Singapore 068811.

Attn: Motor Claims Department

By email only

LIM CHIN FATT

Blk 52 Cassia Crescent,
#12-153,
Singapore 390052.

By Certificate of Posting
(Less enclosures)

Dear Sirs,

**INJURED-CLAIMANT: ALI BIN RIDUAN (NRIC NO: SXXXX442G)
ACCIDENT INVOLVING FY6980D (OUR CLIENT) & SHD916S ON 30/4/2022 AT ABOUT 2200
HOURS ALONG CTE**

We refer to the above matter wherein we act for Mr. Ali Bin Riduan, the owner and rider of FY6980D (“**our client**”).

We are instructed by the abovenamed to claim damages against your insured in connection with the abovementioned accident with SHD916S, which was insured by your goodselves.

We are instructed that the accident was caused by the negligence of the driver of SHD916S. 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

a)	Multiple abrasions		
	- Left lateral hip area		
	- Left knee area		
	- Tenderness over left calf area		
	- left shoulder area	S\$	8,000.00
b)	Left shoulder sprain with reduced range of motion	S\$	5,000.00
c)	Future medical costs	S\$	To be assessed
d)	LEC/ LFE	S\$	To be assessed
	Sub-total:	S\$	<u>13,000.00</u>



Avalon Law Corporation

Havelock II, 2 Havelock Road
#05-21, Singapore 059763
Tel: 9008 3740

SPECIAL DAMAGES

a) Medical expenses (& continuing)	S\$	198.00
b) Transport expenses (& continuing)	S\$	100.00
c) Loss of OT/ allowance (May '22 & continuing)		
- \$2,566.95 - \$100.00 received	S\$	2,466.95
d) Loss on Employer's CPF contribution	S\$	300.00
e) Repair costs	S\$	7,090.00
f) Loss of Use (\$50.00 x 14 days)	S\$	700.00
	Sub-total:	S\$ 10,854.95
	TOTAL GD & SD:	S\$ 23,854.95

Costs and disbursements to be agreed/ taxed.

We enclose herewith the following documents for your retention: -

- (1) 18.05.22 Accident Statement & Police Report of FY6980D (Claimant);
- (2) 04.05.22 Accident Statement of SHD916S (your insured);
- (3) 28.06.22 Medical Report from TTSH (A&E);
- (4) 10.06.22 Medical Report from Medivene Clinic & Surgery;
- (5) Various Medical bills & medical certificates;
- (6) Various Salary slips for the period of January 2022 – June 2022 (with a tabulation);
- (7) Various Pictures of injuries; and
- (8) Undated Video footage of the accident (which has been provided at the PRI stage); and
- (9) Various Disbursements documents.

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 note that you or your insurer should send to us an acknowledgement of receipt of this letter **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.

Thank you.

Yours faithfully,

AVALON LAW CORPORATION

Cc. Client

Enc

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 18/05/2022 18:08 (SGT)
Date of Accident 30/04/2022 20:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE (SLE) BETWEEN BRADDELL AND ANG MO KIO
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FY6980D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ALI BIN RIDUAN
NRIC No S8515442G
Email Address ALI.RIDUAN@OUTLOOK.COM
Mobile Phone No (Phone) +65-91454147
Alternative Phone No +65-91454147

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400sfyj
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5107355541-03
Cover Note Number -

DRIVER

Name of Driver ALI BIN RIDUAN
NRIC No S8515442G

Date Of Birth	15/05/1985
Occupation	Indoor
Date Of Driving Pass	07/04/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-91454147
Alt. Phone Number	+65-91454147
Email Address	ALI.RIDUAN@OUTLOOK.COM
Address	BLK 330A #07-521 ANCHORVALE STREET
Address complement	-
Postcode	541330
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	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADVISED THE RIDER TO SEND TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD916S
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	ALI BIN RIDUAN
Gender	Male
Phone No	(Phone) +65-91454147
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	38
Injuries Sustained	LEFT SHOULDER BRUISE AND LEFT BONE JOINT PAIN. LEFT KNEE BRUISE AND LEFT FEET BRUISE. LEFT CALVE BRUISE AND PAIN.
Injured person in which vehicle?	FY6980D
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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 18/05/2022
17:30

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

Reporting Centre Personnel's Signature
Name: Louis Lim
NRIC/FIN No.: S994220

A : FY6980D
B : SHD916S

CTE (SLE) BETWEEN BRADDELL AND ANG MO KIO

REFER TO POLICE REPORT

I/We declare the foregoing particulars are true in every respect.

GIAMC SketchForm V3











**SINGAPORE
POLICE FORCE**



T/20220504/7028

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

1 of 3

Report No. T/20220504/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2022 15:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALI BIN RIDUAN			Address: 330A ANCHORVALE STREET #07-521 SINGAPORE 541330		
ID Type / ID No.: NRIC NO / S8515442G			Contact No.: Home/Office: Mobile: 91454147		
Nationality: SINGAPORE CITIZEN			Email: ALI.RIDUAN@OUTLOOK.COM		
Sex: Male	Age: 36	Date of Birth: 15/05/1985	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/05/2022 20:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FY6980D	Motorcycle	HONDA	CB400SF4J +M	Yellow		0
SHD916S	Car			Red		1

Details of Vehicle Insurance

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



T/20220504/7028

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

2 of 3

Report No. T/20220504/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY6980D	NTUC Income Insurance Co-Operative Limited	5107355541-03	06/12/2021	05/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ALI BIN RIDUAN	ID No.	S8515442G
Related Vehicle	FY6980D (Motorcycle)	Contact No.	91454147
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	01/05/2022	Date	01/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was riding back home from work along CTE in between Braddell and Ang Mo Kio when the accident happened. The road was wet but the rain has stopped. I was riding on my bike in 4th gear riding at about 40-50km/h in between 1st and 2nd lane, slow moving traffic when i saw ahead front tyre of a car turning left. So i applied early front and rear brakes. The next thing i realized accident happened. The taxi driver mention he didnt turn his taxi and claimed i self skided on my own. But however, the passenger from the taxi, a lady claimed the taxi is turning left when the accident happened. A kind driver behind the taxi shared me his camera recording on the accident.



**SINGAPORE
POLICE FORCE**



T/20220504/7028

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

3 of 3

Report No. T/20220504/7028

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 / TPB /
QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
04/05/2022 15:11

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN072251000Y Vehicle Registration No: FY6980D
 Name (as shown in NRIC): ALI BIN RIDUAN NRIC/FIN/Passport No: S8515442G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 330A ANCHORVALE STREET #07-521 Singapore (541230)
 Contact (Tel): — Mobile No.: +65 9145 4147
 Email Address: ali.riduan@outlook.com
 Date of Accident: 01/05/2022 Time of Accident: 2000
 Place of Accident: CTE (SLE) BETWEEN BRADDELL AND ANG MO KIO
 Insurance Company: HTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

THE DATE OF THE ACCIDENT INDICATED IN THE HP168
 REPORT SHOULD BE 30/04/2022 INSTEAD OF 01/05/2022.

Policyholder / Driver's Signature

Date: 01/06/2022

Reporting Centre Personnel's Signature

Name: RIDUAN
 NRIC/FIN No.: S770061
 Date: 9-6-22

QTA-RM-Addendum Form

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date of Submission 04/05/2022 16:10 (SGT)
Reported by -
Date of Accident 30/04/2022 20:15 (SGT)
Exact Location of Accident Near 118 Potong Pasir Ave 1, Block 118, Singapore 350118
Additional Location Information CTE TOWARDS SLE NEAR BRADDELL EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD916S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD

VEHICLE PARTICULARS

Manufacturer Renault
Model Latitude
Variant -
Vehicle Category Taxi
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2413997

DRIVER

Name of Driver LIM CHIN FATT
NRIC No S2076178D
Address 52 CASSIA CRES
Address complement #12-153
Postcode 390052
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collided into Motorcyclist

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FY6980D
Vehicle Manufacturer Honda
Vehicle Model CB400SF4J M
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person -
Gender Male
Phone No (Phone) +65-91454147
Injured person in which vehicle? FY6980D

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

4/5/2022

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

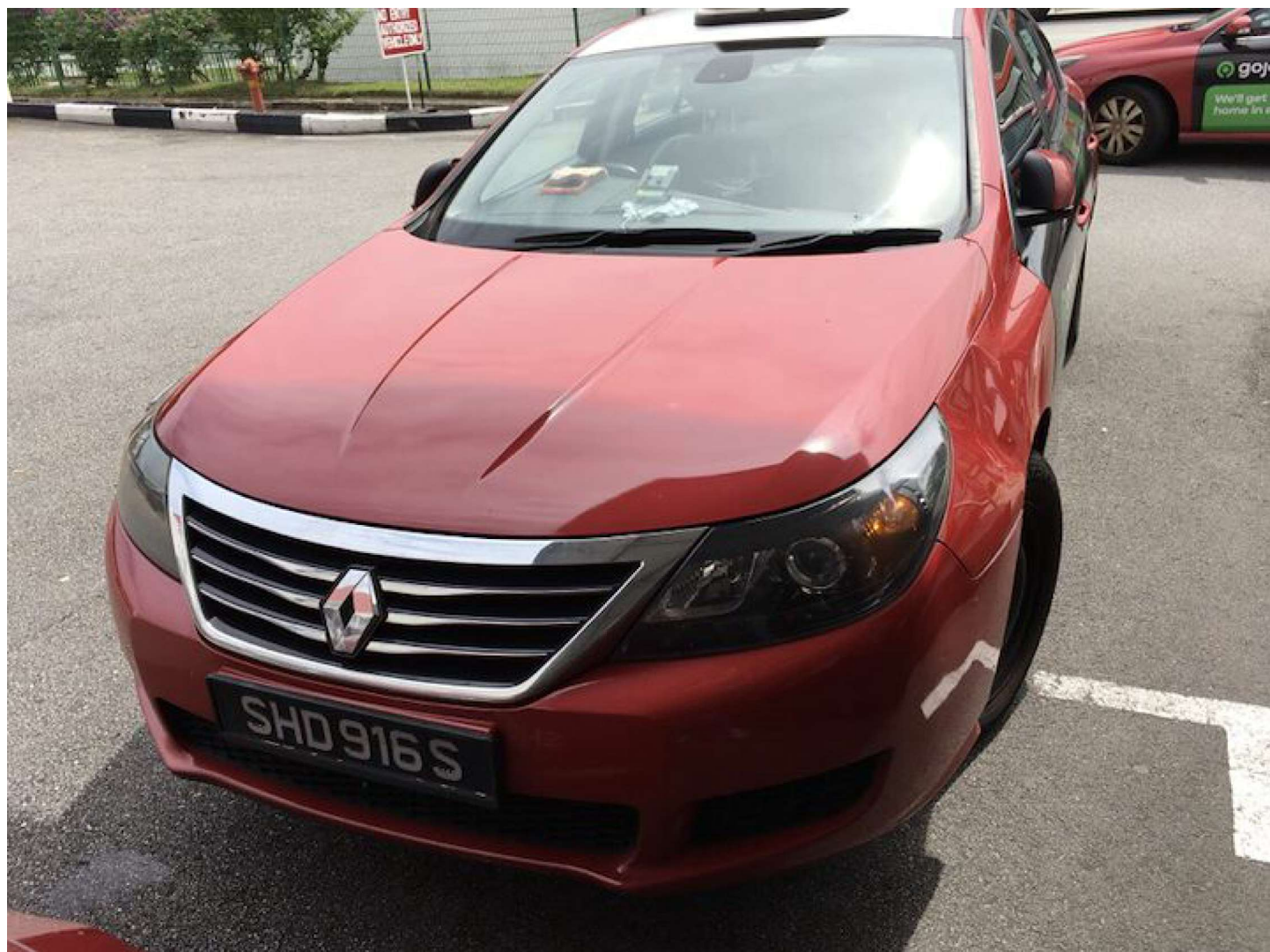
Policyholder's Signature
Date & Time:

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

4/5/2022

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

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





Tan Tock Seng
HOSPITAL


National Healthcare Group

Our Ref: 2022-8241-0

Yr Ref: 2022.0419.PDPI.JK/LN

28 JUN 2022

AVALON LAW CORPORATION
BY EMAIL

Through: Head 
Emergency Department

Dear Sir/Mdm,

MEDICAL REPORT ON: ALI BIN RIDUAN

NRIC NO: S8515442G

DATE/TIME SEEN: 30/04/2022 at 21:48 hours by Franklin Magbitang (DR)

DIAGNOSIS: Contusion of left lower limb/Abrasion

The above patient was seen by myself at the Emergency Department of Tan Tock Seng Hospital on 30/04/2022 at 21:48 hours. He was a motorbike rider involved in a road traffic accident.

On examination, he was conscious, coherent and with stable vital signs. The following findings were noted:

- (1). Abrasion over the left lateral hip area.
- (2). Abrasion over the left knee area.
- (3). Abrasion and tenderness over the left calf area.
- (4). Abrasion over the left shoulder area.

X-rays of chest, pelvic, left knee and left tibia and fibula were done and were reported to have no fractures.

Wound dressing and anti-tetanus toxoid vaccine were given in the Emergency Department. After a period of observation and symptomatic medication, the patient was subsequently discharged well with analgesia. Wound care and limb injury advices were given. Outpatient medical certificate was issued (MC No.: TTSH22083615) from 01/05/2022 to 03/05/2022 inclusive.



Tan Tock Seng Hospital Pte Ltd
11 Jalan Tan Tock Seng
Singapore 308433
T + 65 6256 6011
F + 65 6252 7282

www.ttsh.com.sg

 [TTSH.fbadd.me](https://www.facebook.com/TTSH.fbadd.me)

RCB Registration No. 199003683 N

Affiliated Teaching Hospital
of NTU Lee Kong Chian
School of Medicine and
NUS Yong Loo Lin School
of Medicine

Medical-in-Confidence

Printed By: Rahimah Bte Salimin (EA)

1 of 2

Printed On: 27/06/2022 06:55:26 PM



135511

Thank you.
Yours faithfully,

Franklin Magbitang (DR)
EMERGENCY DEPARTMENT
TAN TOCK SENG HOSPITAL

Your ref: 2022.0419.PDPI.JK/LN

Our ref: 11127

AVALON LAW CORPORATION

10 June 2022

Dear Sir

Re: MEDICAL REPORT

ALI BIN RIDUAN S8515442G

The above named was seen here on 4 May 2022.

He complained of left shoulder pain as a result of being involved in a road traffic accident four days prior to the visit.

He was alert and had no other signs or symptoms. Physical examination showed reduced range of motion of his shoulder as a result of pain. There were no neurological deficits.

The diagnosis is left shoulder sprain. He was prescribed with analgesics and discharged with 2 days of medical leave.

Yours truly



DR WAN WEI HWANG

MEDICAL DIRECTOR

MEDIVENE CLINIC & SURGERY

TAX INVOICE (Interim)

Page 1 of 2

MR. ALI BIN RIDUAN

BLK 330A #07-521
ANCHORVALE STREET
ANCHORVALE HARVEST
SINGAPORE - 541330

BILL REF. NO.
1221754975J-00001

BILL DATE
30 APR 2022

NRIC / FIN / MRN
S8515442G

LOCATION
EMERGENCY DEPARTMENT

VISIT DATE ► **30 APR 2022 09:01 PM**

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	509.17
GOVT SUBSIDY	\$	-381.17
TOTAL AMOUNT (BEFORE GST)	\$	128.00
7% GST	\$	8.96
GST absorbed by Govt	\$	-8.96
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	128.00
TOTAL AMOUNT PAYABLE	\$	128.00
Net Payment made	\$	-128.00
FINAL AMOUNT PAYABLE	\$	0.00

\$ 0.00
FINAL AMOUNT PAYABLE
CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
ED SERVICE FACILITY		256.00	128.00
XR, KNEE, LEFT		49.80	0.00
XR, TIBIA & FIBULA, LEFT		49.80	0.00
XR, PELVIS, AP		54.87	0.00
XR, CHEST, PA/AP		42.45	0.00
PRESCRIPTION		5.60	0.00
NORMAL SALINE DRESSING		29.33	0.00
INJECTION - S/C, I/M, I/V		21.32	0.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)		509.17	
GOVT SUBSIDY		-381.17	
TOTAL AMOUNT (BEFORE GST)			128.00
7% GST			8.96
GST absorbed by Govt (for subsidised patient only)			-8.96
TOTAL AMOUNT (AFTER GOVT SUBSIDY)			128.00

Hospital will send you a bill if there is any additional Medical Investigation / Medications performed.

TAX INVOICE (Interim)

Page 2 of 2

BILL REF. NO.
1221754975J-00001

BILL DATE
30 APR 2022

NRIC / FIN / MRN
S8515442G

PATIENT NAME
MR. ALI BIN RIDUAN
PAYMENT SUMMARY

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		128.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. ALI BIN RIDUAN		128.00
MR. ALI BIN RIDUAN	TOTAL AMOUNT PAYABLE	128.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE
MR. ALI BIN RIDUAN		-128.00
Net Payment made		-128.00
(VISA - 30.04.2022 , RECEIPT #: T014310697)		

FINAL AMOUNT PAYABLE
\$ 0.00
PAYMENT OPTIONS & ADVISORY
Payment Policy

- Payment made via AXS, SAM and E-Payments will be updated to your bill within 3 working days.

1 193 11W
 10-04-2022 12:00PM

Co Reg No : 201512113M

INVOICE

ALI BIN RIDUAN
330A ANCHORVALE STREET
#07-521
S(541330)

Invoice No. : 31379
Our Reference : 11127
Date : 04 May 2022

Patient : ALI BIN RIDUAN(S8515442G)
Attending Doctor : DR WAN WEI HWANG LENNY

DESCRIPTION	QTY	FEE
ARCOXIA 120MG	5.00 tabs	\$20.00
CONSULTATION		\$25.00
Total Bill Before Subsidy		\$45.00
Receipt No. 43803 - CHAS Subsidy		- \$10.00
Total Amount Payable		\$35.00
Receipt No. 43803 - CASH Payment Received		\$35.00
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :
MEDIVENE HOLDINGS PTE. LTD.

"Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill where payout is from Medisave/ Medishield or Integrated Shield plans (ISP), is required to refund to Medisave and Medishield OR the Medisave-approved ISP. To make payment to Medisave and MediShield, please send a cheque to CPF Board or pay over the internet (more info at www.cpf.gov.sg). To make payment to Medisave-approved ISP, please send a cheque directly to the private insurer operating the Medisave-approved ISP. All Cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield OR the Medisave-approved ISP."

This is a computer generated invoice which does not require a signature

Claims made from Medisave or CHAS are subjected for Approval from the Authority

Co Reg No : 201512113M

INVOICE

ALI BIN RIDUAN
330A ANCHORVALE STREET
#07-521
S(541330)

Invoice No. : 31544
Our Reference : 11127
Date : 17 May 2022

Patient : ALI BIN RIDUAN(S8515442G)
Attending Doctor : DR WAN WEI HWANG LENNY

DESCRIPTION	QTY	FEE
ARCOXIA 120MG	5.00 tabs	\$20.00
CONSULTATION		\$25.00
Total Bill Before Subsidy		\$45.00
Receipt No. 44210 - CHAS Subsidy		- \$10.00
Total Amount Payable		\$35.00
Receipt No. 44210 - CREDIT CARD Payment Received		\$35.00
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :
MEDIVENE HOLDINGS PTE. LTD.

"Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill where payout is from Medisave/ Medishield or Integrated Shield plans (ISP), is required to refund to Medisave and Medishield OR the Medisave-approved ISP. To make payment to Medisave and MediShield, please send a cheque to CPF Board or pay over the internet (more info at www.cpf.gov.sg). To make payment to Medisave-approved ISP, please send a cheque directly to the private insurer operating the Medisave-approved ISP. All Cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield OR the Medisave-approved ISP."

This is a computer generated invoice which does not require a signature

Claims made from Medisave or CHAS are subjected for Approval from the Authority



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE

ORIGINAL

TTSH22083615

NAME: ALI BIN RIDUAN

NRIC: S8515442G

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of 3 day(s) from **01-May-2022** to **03-May-2022** inclusive


The certificate is not valid for absence from court attendance.


The above named attended for Examination/Treatment from **30-Apr-2022 21:01** to **30-Apr-2022 22:13**

30-Apr-2022
Date

FRANKLIN SANTOS MAGBITANG
(18854I)
Issued by

Emergency Department
Location


Signature

 A member of National Healthcare Group
Adding years of healthy life

Medical Certificate

Date : 04 May 2022

MC No. : 0000040497

This is to certify that :

Name : ALI BIN RIDUAN

NRIC : S8515442G

is Unfit for Duty for 2 days
from 04 May 2022 to 05 May 2022 inclusive.

Dr Wan Wei Hwang Lenny
MBBS(S'pore), GDFM, MRCSEd
MMed(Surg), DWD(CAW)
MCR 09576A

DR WAN WEI HWANG LENNY
MBBS(S'pore) GDFM MRCSEd
MMed(Surg) DWD(CAW)
MCR 09576A

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Medical Certificate

Date : 17 May 2022

MC No. : 0000040796

This is to certify that :

Name : ALI BIN RIDUAN

NRIC : S8515442G

is Unfit for Duty for 1 day
on 18 May 2022 only.

Dr Wan Wei Hwang Lenny
MBBS(S'pore), GDFM, MRCSEd
MMed(Surg), DWD(CAW)
MCR 09576A

DR WAN WEI HWANG LENNY
MBBS(S'pore), GDFM, MRCSEd
MMed(Surg), DWD(CAW)
MCR 09576A

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

OT/ Allowance tabulation for Ali Bin Riduan

2022.0419.PDPI

Period	Details of earnings	Total OT/ allowance
Jan '22	\$306.00 + \$2,109.97 + \$263.75	\$2,679.72
Feb '22	\$252.00 + \$1,054.98 + \$527.49	\$1,834.47
Mac '22	\$252.00 + \$30.00 + \$1,637.87	\$1,919.87
Apr '22	\$306.00 + \$90.00 + \$2,922.92 + \$272.98	\$3,591.90
May '22	\$252.00 + \$100.00 + \$1,637.87 + \$818.93	\$2,808.80
Total for 5 months:		\$12,834.76 ÷ 5
Average per month:		\$2,566.95



EQUINIX (SINGAPORE) ENTERPRISES PTE. LTD.

Pay Advice for 01 / 2022

Emp Name:	ALI BIN RIDUAN	Process Type:	CONSOLIDATED
Emp Code:	28194	Bank A/c No:	601-400591001
Cost Centre:	730 IBX Operations	Currency:	SGD
Tax Ref/FIN No:	S8515442G	Sort Key:	0408

Earnings		Deductions (Non-CPF)	
Basic Pay	4,000.15	Employee CPF	(1,200.00)
Day Shift Allowance (AdHoc)	306.00	MENDAKI Fund	(7.50)
OT @ 2 (Adhoc) x 45hrs	2,109.97	Mosque Building Fund	(14.50)
Public Holiday Pay (OW) - Adhoc x 1	263.75		(1,222.00)
	<u>6,679.87</u>		
Deductions (CPF)		Additions (Non-CPF)	
Gross Pay	<u>6,679.87</u>	Net Pay	<u>5,457.87</u>

Employer Contributions	
Employer CPF	1,020.00
Skill Development Fund	11.25

Message

This is a system generated pay advice by PAYDAY! HRMS. Printed on 19/May/2022

Please refer to the individual pay advice for more details.



EQUINIX

WHERE OPPORTUNITY CONNECTS

EQUINIX (SINGAPORE) ENTERPRISES PTE. LTD.

Pay Advice for 02 / 2022

Emp Name:	ALI BIN RIDUAN	Process Type:	CONSOLIDATED
Emp Code:	28194	Bank A/c No:	601-400591001
Cost Centre:	730 IBX Operations	Currency:	SGD
Tax Ref/FIN No:	S8515442G	Sort Key:	0408

Earnings		Deductions (Non-CPF)	
Basic Pay	4,000.15	Employee CPF	(1,166.00)
Day Shift Allowance (AdHoc)	252.00	MENDAKI Fund	(6.00)
OT @ 2 (Adhoc) x 22.5hrs	1,054.98	Mosque Building Fund	(13.50)
Public Holiday Pay (OW) - Adhoc x 2	527.49		
	<u>5,834.62</u>		<u>(1,185.50)</u>
Deductions (CPF)		Additions (Non-CPF)	
Gross Pay	<u>5,834.62</u>	Net Pay	<u>4,649.12</u>

Employer Contributions	
Employer CPF	993.00
Skill Development Fund	11.25

Message

This is a system generated pay advice by PAYDAY! HRMS. Printed on 19/May/2022

Please refer to the individual pay advice for more details.



EQUINIX

WHERE OPPORTUNITY CONNECTS

EQUINIX (SINGAPORE) ENTERPRISES PTE. LTD.

Pay Advice for 03 / 2022

<i>Emp Name:</i>	ALI BIN RIDUAN	<i>Process Type:</i>	CONSOLIDATED
<i>Emp Code:</i>	28194	<i>Bank A/c No:</i>	601-400591001
<i>Cost Centre:</i>	730 IBX Operations	<i>Currency:</i>	SGD
<i>Tax Ref/FIN No:</i>	S8515442G	<i>Sort Key:</i>	0408

Earnings		Deductions (Non-CPF)	
Basic Pay	4,140.16	Employee CPF	(2,092.00)
BONUS (Adhoc)	4,460.94	MENDAKI Fund	(8.50)
Day Shift Allowance (AdHoc)	252.00	Mosque Building Fund	(17.50)
Night Shift Allowance (AdHoc)	30.00		
OT @ 2 (Adhoc) x 33.75hrs	1,637.87		(2,118.00)
	<u>10,520.97</u>		
Deductions (CPF)		Additions (Non-CPF)	
Gross Pay	<u>10,520.97</u>	Net Pay	<u>8,402.97</u>

Employer Contributions	
Employer CPF	1,779.00
Skill Development Fund	11.25

Message

This is a system generated pay advice by PAYDAY! HRMS. Printed on 19/May/2022

Please refer to the individual pay advice for more details.



EQUINIX

WHERE OPPORTUNITY CONNECTS

EQUINIX (SINGAPORE) ENTERPRISES PTE. LTD.

Pay Advice for 04 / 2022

Emp Name:	ALI BIN RIDUAN	Process Type:	CONSOLIDATED
Emp Code:	28194	Bank A/c No:	601-400591001
Cost Centre:	730 IBX Operations	Currency:	SGD
Tax Ref/FIN No:	S8515442G	Sort Key:	0408

Earnings		Deductions (Non-CPF)	
Basic Pay	4,140.16	Employee CPF	(1,200.00)
Day Shift Allowance (AdHoc)	306.00	MENDAKI Fund	(7.50)
Night Shift Allowance (AdHoc)	90.00	Mosque Building Fund	(14.50)
OT @ 2 (Adhoc) x 60.23hrs	2,922.92		
Public Holiday Pay (OW) - Adhoc x 1	272.98		
	<u>7,732.06</u>		<u>(1,222.00)</u>
Deductions (CPF)		Additions (Non-CPF)	
Gross Pay	<u>7,732.06</u>	Net Pay	<u>6,510.06</u>

Employer Contributions	
Employer CPF	1,020.00
Skill Development Fund	11.25

Message

This is a system generated pay advice by PAYDAY! HRMS. Printed on 19/May/2022

Please refer to the individual pay advice for more details.



EQUINIX

WHERE OPPORTUNITY CONNECTS

EQUINIX (SINGAPORE) ENTERPRISES PTE. LTD.

Pay Advice for 05 / 2022

Emp Name:	ALI BIN RIDUAN	Process Type:	CONSOLIDATED
Emp Code:	28194	Bank A/c No:	601-400591001
Cost Centre:	730 IBX Operations	Currency:	SGD
Tax Ref/FIN No:	S8515442G	Sort Key:	0408

Earnings		Deductions (Non-CPF)	
Basic Pay	4,140.16	Employee CPF	(1,200.00)
Day Shift Allowance (AdHoc)	252.00	MENDAKI Fund	(7.50)
Fire Safety Manager Allowance	100.00	Mosque Building Fund	(14.50)
OT @ 2 (Adhoc) x 33.75hrs	1,637.87		
Public Holiday Pay (OW) - Adhoc x 3	818.93		(1,222.00)
	<u>6,948.96</u>		
Deductions (CPF)		Additions (Non-CPF)	
Gross Pay	<u>6,948.96</u>	Net Pay	<u>5,726.96</u>

Employer Contributions	
Employer CPF	1,020.00
Skill Development Fund	11.25

Message

This is a system generated pay advice by PAYDAY! HRMS. Printed on 7/Jul/2022

Please refer to the individual pay advice for more details.



EQUINIX

WHERE OPPORTUNITY CONNECTS

EQUINIX (SINGAPORE) ENTERPRISES PTE. LTD.

Pay Advice for 06 / 2022

Emp Name:	ALI BIN RIDUAN	Process Type:	CONSOLIDATED
Emp Code:	28194	Bank A/c No:	601-400591001
Cost Centre:	730 IBX Operations	Currency:	SGD
Tax Ref/FIN No:	S8515442G	Sort Key:	0408

Earnings		Deductions (Non-CPF)	
Basic Pay	4,140.16	Employee CPF	(848.00)
Fire Safety Manager Allowance	100.00	MENDAKI Fund	(6.00)
	<u>4,240.16</u>	Mosque Building Fund	(13.50)
			<u>(867.50)</u>
Deductions (CPF)		Additions (Non-CPF)	
Gross Pay	<u>4,240.16</u>	Net Pay	<u>3,372.66</u>

Employer Contributions	
Employer CPF	721.00
Skill Development Fund	10.60

Message

This is a system generated pay advice by PAYDAY! HRMS. Printed on 7/Jul/2022

Please refer to the individual pay advice for more details.









From: LTA <LTA-VTL@lta.gov.sg>
Sent: Monday, 23 May 2022 11:44 am
To: lara@avalonlaw.sg
Subject: Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-220523-001366



Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-220523-001366

Dear Sir/Madam

We wish to inform you that your transaction on "Enquire Vehicle Insurance Particulars" performed on 23 May 2022 was successful and the Receipt No. is ITNET-00000-220523-001366.

2. The details of the search results are as follow:

Vehicle No.	Search Date	Search Time	Search Result
-------------	-------------	-------------	---------------

SHD916S	01 May 2022	20:00:00	AXA INSURANCE PTE LTD
---------	-------------	----------	-----------------------

3. Please contact our customer service officers at tel : 1800-CALL LTA (1800-2255 582) should you require further assistance.
4. Visit onemotoring.lta.gov.sg for more information, or go to www.lta.gov.sg/feedback if you have any feedback. This email is auto-generated, please do not reply to this email.
5. Thank you.

If you are not the intended recipient of this communication, please delete it.

As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.

If you are not the intended recipient of this communication, please notify the sender and delete it.
As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 01/07/2022

Your Ref No: 2022.0419.PI.JK

Dear Sir/Madam,

Date of Accident: 30/04/2022 00:00 (SGT)

Vehicle No: FY6980D

Place of Accident: Near 118 Potong Pasir Ave 1, Block 118, Singapore 350118

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHD916S	Near 118 Potong Pasir Ave 1, Block 118, Singapore 350118	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

From: MEDIVENE CLINIC & SURGERY <medivenecs@gmail.com>
Sent: Saturday, 4 June 2022 9:38 pm
To: lara@avalonlaw.sg
Subject: Re: APPLICATION FOR MEDICAL REPORT: Ali Bin Riduan (NRIC No. Sxxxx442G) | 2022.0419.PDPIJK/LN

Evening Lara

Please be advised that our medical report fee for insurance claim is SGD\$200

Kindly send us a cheque made payable to "**MEDIVENE HOLDINGS PTE. LTD**"

The report will be sent out upon receipt of the cheque

report for:
ALI BIN RIDUAN
NRIC No : **S8515442G**

Thank you and have a nice day

Best Regards,

FIONA
Clinic Assitant
MEDIVENE CLINIC & SURGERY
C/O MEDIVENE HOLDINGS PTE LTD UEN 201512113M
330 ANCHORVALE STREET 01-05 S(540330)
TEL 63850441 FAX 63850442

On Fri, Jun 3, 2022 at 4:42 PM <lara@avalonlaw.sg> wrote:

Dear Sirs,

We refer to the above matter.

Please find attached our letter of even date for your kind attention.

Thank you.



Tan Tock Seng HOSPITAL

No. 11 Jalan Tan Tock Seng Singapore 308433
Tel: 6256 6011 Fax: 6357 8875 RCB Registration No. 199003683 N

Your Ref : 2022.0419.PDPI.JK/LN
Our Ref : 2022-8241-0
Date : 21 Jun 2022

AVALON LAW CORPORATION
BY EMAIL

ATTENTION:

RE: MEDICAL INFORMATION FOR ALI BIN RIDUAN (S8515442G)

We refer to your request for ORDINARY MEDICAL REPORT dated 03 Jun 2022.

For Ordinary Medical Report, the report shall be ready within 4-6 weeks. However, the

- Patient has upcoming clinic appointments/Patient has been hospitalized
- Multiple reports are required from several clinical departments / Doctor is away

For Specialist Medical Reports and Workmen Compensation Reports, more processing time is required as a medical review may be required. Please note that the completed Workmen Compensation Report will be forwarded directly to the Ministry of Manpower

For patients who are collecting the report personally, please bring along your NRIC. If patient is authorising someone to collect on his/her behalf, please provide a photocopy of patient's NRIC and an authorisation letter.

Thank you.

Health Information Services (MRO)
Atrium Block Level 2



TTSH-MEDICAL REPORT OFFICE
11 JALAN TAN TOCK SENG
LEVEL 2
SINGAPORE 308433

DATE/TIME: 21/06/22 11:48:19
MID: 000001050635051
TID: 58277070 INV: 006545
BATCH: 000931 TRACE: 007117
S/W : 4311.00.01.2
APPR CODE: 065101

SALE
MASTERCARD ONUS
**** * 6876
ENT: Manual
REF NUM: 000011007117

BASE : S\$ 90.00

TOTAL : S\$ 90.00

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT.

**** CUSTOMER COPY ****
THANK YOU. HAVE A NICE DAY

OFFICIAL RECEIPT

GST REG NO.: M2-0094564-6

Receipt No. : MRS-242198

Date : 21 Jun 2022

ORIGINAL

SERVICE DESCRIPTION	AMOUNT (\$S)
ORDINARY MEDICAL REPORT ALI BIN RIDUAN S8515442G	90.00
Your Ref : 2022.0419.PDPI.JK/LN Our Ref : 2022-8241-0 Payment : VISA/MAS MOTO - 007117	

7% GST is included in the amount charged.

Note: A non-refundable administrative charge is applicable (\$30 for Ordinary Medical Report and \$50 for all other request).

For enquiries, please contact Tan Tock Seng Hospital (Health Information Services department)
Tel No : 6357 8448 FAX: 6357 8449 / EMAIL: hisadmin@ttsh.com.sg

Note: This is a computer generated printout and no signature is required.

RESTRICTED