

# R I A Z ADVOCATES AND SOLICITORS

COMMISSIONER FOR OATHS

ACRA NUMBER: 200911678H

GST REGISTRATION NUMBER: 200911678H

Your Reference:

Your Insured (GBF 702C) RA.519309.J(d)

RIAZ QAYYUM (LLB HONS) NUS

12 January 2023

(ASSOCIATE)
MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDS

LONPAC INSURANCE BHD 300 Beach Road #17-04/07 The Concourse Singapore 199555

Attention: Motor Claims Department

VENGADESH S/O KUMARAVELU (LLB HONS) MURDOCH WITHOUT PREJUDICE
BY EMAIL

**CHONG YIN SENG** 

50 Choa Chu Kang North 7 #15-02 Singapore 689527 BY POST WITHOUT ENCLOSURES

Dear Sir.

ACCIDENT INVOLVING MOTOR VEHICLES FBN 6148X AND GBF 702C ON 11 JUNE 2022 ALONG WOODLANDS CLOSE

We act for **DANA ABERNATHY**, the owner and rider of motor vehicle **FBN 6148X** involved in the captioned accident.

We are instructed by the abovenamed to claim damages against you in connection with the road traffic accident involving vehicle no. FBN 6148X AND GBF 702C ON 11 JUNE 2022 ALONG WOODLANDS CLOSE.

We are instructed that the accident was caused by your negligence in driving and/or management of your vehicle. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report[s] annexed hereto. He has been put to loss and expense, particulars of which are as follows:

We quantify our client's claim as follows:-

# General Damages

a. Pain & Suffering-Back injury-Contusion & bruises over right thigh & right shin

\$ 5,000.00 \$ 3,000.00 \$to be assessed

b. Cost of future treatment/surgery/transport expensesc. Loss of earning capacity/ Loss of future earnings

\$to be assessed



# Page 2

# 2. Special Damages

a.	Medical expenses	\$	253.60
b.	Transport expenses	\$	80.00
C.	Loss of income	\$ to b	e assessed
d.	Cost of repair	\$	8.532.00
e.	Loss of use (30 days x \$50.00)	\$	1,500.00

Please note that the above quantification on damages is subject to client's confirmation upon receiving your offer. Should client's condition worsen or further claims arise, we also reserve the right to add to the quantification.

In compliance with the Pre-Action protocol for Personal Injury Claims, we disclose the following, we forward copies of the following documents foryour perusal and considerations: -

- Medical tax invoices/bills/ and certificates;
- b) Medical Reports of our client;
- Police/GIA Report of our possession;
- d) GIA report of GBF 702C;
- e) Statutory Declaration;
- f) GIA search extract:
- g) Photographs;
- h) Documentary evidence(s) of our client's earnings;
- Repair & towing invoices;
- j) Survey report and invoice

We also in compliance with the pre-action protocol under the State Court's Direction 38, we propose use one of the following medical experts as a single joint expert:-

- 1. Dr Andrew Fang from Doctor Anywhere:
- 2. Dr Gary Louie Atanacio Nicomedes from Tan Tock Seng Hospital

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

Should you fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer.

# Page 3

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

We propose costs \$2,500.00 (Plus GST) at this stage.

In the event that an amicable settlement is reached, we render below a list of disbursements incurred.

Disbursements	incurred	20	to	late'-
Diabulacilicilia	iliculted	as	to t	late."

a)	GIA search fee	\$ 31.00
b)	Medical Report fee x2	\$ 421.00
c)	Oath fee	\$ 25.00
d)	Survey report fee	\$ 575.00
e)	Incidentals (Plus GST)	\$ 150.00

Yours faithfully



# 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: 14/06/2022

Your Ref No: FBN 6148X (Z) ATEC

Dear Sir/Madam,

Date of Accident: 11/06/2022 00:00 (SGT)

Vehicle No: FBN6148X

Place of Accident: 39 Woodlands Cl, Singapore 737856

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\$)
GBF702C	39 Woodlands Cl, Singapore 737856	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (	GST Inclusive)	1 1 1		(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.

# OATHS AND DECLARATIONS ACT (CHAPTER 211) STATUTORY DECLARATION

I, NUR ASYRAF BIN ZAINAL, NRIC No. S9625187D of Blk 878 Woodlands Avenue 9 #01-298, Singapore 730878; do solemnly and sincerely declare as follows:

- I am making this statutory declaration in respect of the road traffic accident on 11 June 2022 at Mega@Woodlands FBN 6148X and GBF 702C.
- I am a volunteer with the workshop, Lepak Cornering, which his located at #07-15 of Mega@Woodlands. On the above mentioned date, I was working on a motorcycle at Lepak Cornering when I heard the distinctive revving of motorcycle FBN 6148X. I am familiar with the sound, as I am mutual friends with the rider of FBN 6148X, Ms Dana Abernathy. As such, I came out of the workshop to greet her.

(

- 3. When I came out of the workshop, I saw a part of FBN 6148X's handlebar and side view mirror about 4 to 5 units away from the workshop. At that point in time, the motorcycle was behind a white van (which I now know to be GBF 702C)
- Suddenly, the white van swerved towards its right without signaling or putting on his hazard light. Almost immediately after the white van swerved to the right, it reversed while accelerating toward FBN 6148X.
- At this point in time, I heard Ms Dana revving her motorcycle which I assume was an
  attempt to warn the driver of GBF 702C. Despite her doing so, the driver continued to
  reverse and collided into her motorcycle which caused Ms Dana to fall.
- I went over to assist Ms Dana and had a heated discussion with the driver of GBF 702C.

7. I make this solemn declaration by virtue of the provisions of the Oaths and Declarations Act (Cap. 211), and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Declared on this 23rd day of August 2022

Affirmed b	y the abovenamed	)	11
NUR ASY	RAF BIN ZAINAL	í	/ho
In Singapo	re	Ś	2 Compres
On this	2 3 AUG 2022	)	~ ()

Before me,

A Commissioner for Oaths

Sing Kheng Huat CO2022/0368 1 Apr 2022 - 31 Mar 2023





Report No. T/20220613/2046

Anyone conveyed by

ambulance:

No

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

One Way

Type of Collision:

Moving Vehicle Against - Others

# REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Vide Report No.: Date/Time Report Made: T/20220611/2077 13/06/2022 12:28

Informant's Particulars Address: Name of Informant: DANA ABERNATHY Contact No.: ID Type / ID No.: Mobile: Home/Office: NRIC NO / S9728901H Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Rider 23/08/1997 24 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,2A SELF-EMPLOYED

General Information of the Accident Type of Location: Date/Time of Drink Injury Carpark Road Type of Accident: Drive: Others outside of #07-19 11/06/2022 14:00 Accident: No Location: WOODLANDS CLOSE Road Speed Limit: Road Surface: Weather: Dry Clear Traffic Volume: Traffic Control: Traffic Flow: No Traffic

Not Controlled

Details of Vehicle Involved No of Passenger Condition Color Model Make Type Vehicle No. 0 Slightly NINJA 400 Green KAWASAKI Motorcycle FBN6148X Damaged MANUAL 1 GBF702C Van

Details of V	ehicle Insurance		Language of the same of the sa	
	Insurance Company	Insurance No	Effective	Expiry Date
	TENET SOMPO INSURANCE PTE.	D21MTMC0100672	13/11/2021	12/11/2022
FBINO 140A	LTD.	7		



T/20220613/2046

Police Station Of Origin; Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999 2 of 3 Report No. T/20220613/2046

CONTINUATION OF REPORT

Details of Perso	on Involved					
Any Pedestrian	Involved: No			SISTEM.		
No. of Pedestria	ns Injured: NIL		Use of Ped	estrian	Cross	ing: NA
Rider					100	
Name	DANA ABERNATHY	POLICE IN		ID No.		S9728901H
Related Vehicle	FBN6148X (Motorcy	cle)		Contac	ct No.	
Hospital/Clinic	DA CLINIC	2 (4 200) 2 (4 20) 3 (4 20)	MAN TOWNS	Class of Driving Licence Expiry	e &	Class: 2B,2A Date of Expiry: NIL
Date Treatment	11/06/2022		Date Disch	narge	11/06	5/2022
No. of Days gran	ted Medical Leave	03	Degree of		NIL	医多种 医乳腺性炎
Name	CHONG YIN SENG			ID No.		S6829443F
Related Vehicle	GBF702C (Van)			Conta	ct No.	
Hospital/Clinic	NIL			Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
	The same of the sa	Design of the state of the stat	The second second	on burneys than		VEHICLE AND ADDRESS OF THE RESERVE O
ate Treatment	NIL		Date Disc	narge	NIL	

# Brief Details.

I am lodging this report in reference to vide report T/20220611/2077.

I would like to make an amendment to the 'Traffic Flow' field. It should be reflected as 'One Way' and not 'Two Way' as stated in vide report T/20220611/2077.

In addition, I would be able to provide a sketch to Traffic Police if there is a need.

That is all.





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

3 of 3 Report No. T/20220613/2046

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:
F /
Other MUHAMMAD HAFIZ BIN
SUHAIMI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Date/Time:
13/06/2022 12:28

Classification Of Case:





1 0 5 3

Report No. T/20220620/2072

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

# REPORT OF A TRAFFIC ACCIDENT

MELONI OI VI IIIVII II VIOLITIA	to party the district of the party of the comment o	Otation Dinne No.
Date/Time Report Made: 20/06/2022 17:14	Vide Report No.: T/20220611/2077	Station Diary No.: 59
20/06/2022 17:14	T/20220611/2077	

Informa	nt's Partic	ulars			
Name of Informant:			Address:		
DANA ABERNATHY		Υ		1/4/4 (5)	
ID Type / ID No.: NRIC NO / S9728901H			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN		ŒN	Email:		
Sex: Male	Age: 24	Date of Birth: 23/08/1997	Type of Informant: Rider	TANKS TO THE STATE OF THE STATE	
Race: Chinese			Language:	Institution / School Name:	
Occupat Self Emp			Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Acci	dent		1 - 1	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2022 14:00	Type of Location	
Location: WOODLAND	S CLOSE				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collisi	ion:			Anyone conveyed by ambulance:	

Details of V	ehicle Involve	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6148X	Motorcycle	KAWASAKI	NINJA 400 MANUAL	Green	Slightly Damaged	0
GBF702C	Van					1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN6148X	TENET SOMPO INSURANCE PTE.	D21MTMC0100672	13/11/2021	12/11/2022



2013

Report No. T/20220620/2072

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

# CONTINUATION OF REPORT

I wish to make additional information to my report which I lodged vide T/20220611/2077.

1st Witness:

1) Asyraf, Tel: 98386451

One of the worker, working at 1) Chang Rong Bicycle Trading Co located at 39 Woodlands Close #07-14 S(737856) Tel: 88012908

That is all





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999 3 of 3 Report No. T/20220620/2072

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:
F /
Other TAN THIAM HUAT

Signature Of Interpreter:
Not applicable

Date/Time:
20/06/2022 17:14

Classification Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
  6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving
- and that copies of this report will, for a fee, be made available upon application by interested parties. 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

# ACCIDENT STATEMENT

Date of Submission

Date of Accident

Exact Location of Accident

additional Location Information

Country/State of Loss

13/06/2022 16:27 (SGT)

11/06/2022 14:00 (SGT)

Singapore

MEGA@WOODLANDS OUTSIDE #07-19

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

FBN6148X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

DANA ABERNATHY

SXXXX901H

VEHICLE PARTICULARS

1anufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Kawasaki

NINJA 400 MANUAL

Private use

No - Claiming third party

Motorcycle Manual

399

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Sompo Insurance Singapore Pte. Ltd.

Comprehensive

D21MTMC01006727

13/11/2021 - 12/11/2022

DRIVER

Name of Driver

NRIC No

DANA ABERNATHY SXXXX901H



Date Of Birth 23/08/1997 Occupation Indoor Date Of Driving Pass 05/03/2021 Driving experience 1 YEAR AND 3 MONTHS Gender Mobile Number Alt, Phone Number **Email Address** Address Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collided into Property 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? No 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? DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Vas notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACHED SKETCH PLAN BY DRIVER. 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 GBF702C

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Commercial vehicle



Name of Driver NRIC No	CHONG YIN SENG SXXXX443F
Contact Number	0,000,440
Address	-
Address complement	_
Postcode	
Insurance Company Name	E .
Nature Of Damage	-
Details of property damaged in accident	=
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	DANA ABERNATHY
Gender	=
Phone No	-
Address	=
Address Complement	_
Post Code	-
Approximate Age Veers Old	-
njuries Sustained	BACK PAIN
Injured person in which vehicle?	FBN6148X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No
	NESS

Webicle A: FRIGING	17-00 Locati	on: MELA@WODUMPS outside #10.
ETCH PLAN	venicle B. 15-51 70	venicle C:
	Wall to the second seco	
	A	
	1	
5/10/1		
200 100	Q 8	
1-1	71	
2.1. A		Shop
Shop les	1	
17.40		
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refer do	a lieu sout Asi	
KELES DO	police report No	> > (11 / > > 77
1	1/202	20811 / 2011
	C	
		· *
* Traffic flow	do be anesded from to	to very do one many
,		
* Mer cishe	police report with sket	the oles as well.
7 110	10111	The second
	~~	
	/	
_		
Claim OD/TP at Ah L	im Motor Claim OD/TP at othe	r workshop \ \ \ Reporting Only
	a copy of my efile accident report to:	
My workshop : Email address :		
& myself :		
Email address :		
Note: Please take note th	nat your incurar have as slave timeter f.	or you to submit own damage claim under
you own policy. Kindly ch	eck with your own insurer for more infor	mation.
CLARATION		
	iculars are true in every respect.	( ) sind of
/ / _		E( 1/3)
N		Contact of the
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
te & Time:	(If driver is not the policyholder)	Name:

# 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.
- 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.
- 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.
- 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.
- 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)

Lunderstand, 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/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

The state of the s

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





































Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

l of 4 Report No. T/20220611/2077

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

	ne Report 1 022 17:22	Made:	Vide Report No.:	Station Diary No.: 32
Informa	nt's Partic	ulars		
	Informant:		Address:	
DANA A	BERNATH	Y		
	/ ID No.: D / S97289	01H	Contact No.: Home/Office:	Mobile:
National SINGAP	ity: ORE CITIZ	ŒN	Email:	
Sex: Male	Age: 24	Date of Birth: 23/08/1997	Type of Informant: Rider	
Race: Chinese		100000000000000000000000000000000000000	Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2022 14:00	Type of Location: Carpark Road outside #07-19
Location: WOODLAND Weather: Clear	S CLOSE	Road Surface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Moving Vehic	ion: le Against - Others			Anyone conveyed by ambulance:

Details of V	ehicle Involve	d			104.10.00	THE SHOP IN A
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBN6148X	Motorcycle	KAWASAKI	NINJA 400 MANUAL	Black	Slightly Damaged	0
GBF702C	Van	TOYOTA	REGIUS ACE SUPER GL DARK PRIME 3.0 A			1

Details of V	ehicle Insurance			- A DESTRUM
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

2 of 4 Report No. T/20220611/2077

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN6148X	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100672	13/11/2021	12/11/2022

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No			-	
No. of Pedestrian		Use of Pe	destriar	Cross	sing: NA
Rider			a do de nezi	101020	mig. ive.
Name	DANA ABERNATHY				S9728901H
Related Vehicle	FBN6148X (Motorcycle)			ct No.	
Hospital/Clinic	DA CLINIC			of g ce & Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	11/06/2022	Date Disc	ischarge 11/06		1/2022
No. of Days gran		of Injury   Slight			
Driver				Chigh	
Name	CHONG YIN SENG		ID No.		S6829443F
Related Vehicle	GBF702C (Van)		Contact No.		
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave   NIL	Degree o	TO THE REAL PROPERTY.	The second second	

## Brief Details.

On 11/06/2022 at about 2pm, I was on my motorcycle (Reg Plate: FBN6148X and henceforth known as V1) at level 7 of Mega @ Woodlands. I was intending to ride to my workshop to service my motorcycle. At that point in time, I was alone and had no pillion on me. Driving ahead of me was a van (Reg Plate: GBF702C and henceforth known as V2). I kept a safety distance of about 1 car away from V2 and everything appeared to be in order.

As we were moving forward, V2 made an abrupt turn to the right without turning on his signal lights. When I saw this, I immediately came to a stop as I was trying to see what the driver of V2 was attempting to do. The latter went on to reverse park into a parking lot outside #07-19 and ended up colliding onto my right. It caused V1 to fall onto its left but I managed to throw myself off. Upon collision, V2 came to a stop.

Seeing this, I immediately went to the driver seat and confronted the driver and asked him what he was doing. Mechanics from a nearby shop also rendered assistance to me. Before the driver alighted from V2, he drove slightly forward away from my motorcycle before I managed to take a photo. He then alighted





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

3 of 4 Report No. 1/20220811/2077

CONTINUATION OF REPORT

from V2. As we could not come to a conclusion on private settlement, we decided to proceed with insurance claims. We went on to exchange our particulars before going our separate ways.

40 minutes after the accident, I felt pain on my back and had trouble sitting down. Thus, I sought outpatient medical treatment at DA Clinic where I was issued with 3 days MC from 11/06/2022 to 13/06/2022.

I wish to state that V1 sustained known damages at the point of the incident on the side mirrors, handlebars levers, brake-guard, fairings, exhaust and exhaust cover, foot pegs, transmission lever and rear brake lever. I also state that I do not have any cameras installed on my motorcycle. I further state that I will be using the police report in my insurance claims process as well.



Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999



4 of 4

Report No. T/20220611/2077

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: F / Other MUHAMMAD FAHMY BIN RAZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2022 17:22
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Centact No.: 65476204	Classification Of Case;
NP168	



Sompo Insurance Singapore Pte. Ltd.

50 Paries Place, #83-03 Singapore Land Tower, Singapore 0:48527 Tet: 6461 6555 | Fax: 6221 3302 | www.somps.com.sz Co. Reg. No. 195905490E | GST Reg. No. M:200503896

#### Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No.

: D21MTMC01006727

Insured

: DANA ABERNATHY

Motor Vehicle (Regn No.)

: FBN6148X

Cover

: Comprehensive

: 13 NOVEMBER 2021 00:00

Policy Commencement Date Policy Expiry Date

: 12 NOVEMBER 2022 23:59

Maximum Liability (Section I) : Market value at time of loss

: \$800 - Section I

Excess\* Named Driver 1

: FOONG ZI LIANG (FENG ZILIANG) : DANA ABERNATHY

Named Driver 2

HIRE PURCHASE OWNER : SIN HENG CREDIT PTE LTD

Persons or Classes of Persons entitled to drive

FOONG ZI LIANG (FENG ZILIANG), DANA ABERNATHY

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Use only for social, domestic and pleasure purposes and

(a) by the Insured in person in connection with his business or profession or(b) in connection with the Insured's business or profession

The Policy does not cover (i) Use for hire or reward

(ii) Use for racing pacernaking, reliability trial or speed-testing (iii) Use for the carriage of goods (other than samples) in connection with any trade or business (iv) Use for any purpose in connection with the Motor Trade

#### Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (85) 6461-6555.

We hereby confly that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Molor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Part IV of the Transport Act, 1567 (Malaysia), and (2) the policy forms, conditions and exceptions of the Motorcycle Policy (Ref MCV-MTMC 04)

Sompo Insurance Singapore Pte. Ltd.

Lui 20

Authorised Signatory

Date/Time of Issue: 09 NOVEMBER 2021 12:33

#### IMPORTANT NOTICE

- Reep the Certificate in your Mater Vehicle.
  Under the Motor Vehicles (Third-Porty Risks and Compensation) Act (Chapter 189), it sholl be unlawful for any person to use or easite to permit any other person to use a motor vehicle without a value opinion of instruments under the Acc.
  On the sare of the Motor Vehicle or if for any reason the insurance is terminated during its currency, the insurance must surrence the Certificate of insurance and the Policy to the insurance obtained. If the Ont-Fisato of Insurance has been log to destroyed, a statutary declaration to that its made. Failure to comply with this obligation is an effecte under the Motor Vehicles (thread any Parks and Compensation). Act (Chapter 150).
  This Policy will cause to be valid once the Motor Vehicle has been soid to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 FKDZHZ2N4\_DMMYAJ

<sup>\*</sup> Subject to GST wherever applicable

SN08226D0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 13/06/2022 13:05 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (13/06/2022 13:05 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy fracinity 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 13/06/2022 13:05 (SGT) Date of Accident 11/06/2022 13:54 (SGT) Exact Location of Accident 39 Woodlands Cl, Singapore 737856 Additional Location Information MUILTY STOREY CARPARK Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

689527

No

Vehicle Registration Number	GBF702C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ANN HUA HENG TRADING
VEHICLE PARTICULARS	
Manufacturer	Toyota
Model	Regius
Variant	-
Vehicle Category	Commercial vehicle
ransmission	Auto
CC	2982
INSURANCE COMPANY	
Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z22VC05012030
Cover Note Number	-
DRIVER	
Name of Driver	CHONG YIN SENG
NRIC No	S6829443F
Address	50 CHOA CHU KANG NORTH 7 #15-02
Address samulances	

GENERAL INFORMATION OF THE ACCIDENT

Does Driver Own Other Vehicles?

Address complement

Postcode



Type of Accident
Weather Conditions

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Was anybody injured in the Accident?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)

Collision - Head to Rear Clear

No

No

Yes

CIRCUMSTANCES OF ACCIDENT

ON THE 11-06-2022 AT ABOUT 13:54 I WAS ABOUT TO REVERVE MY VEHICLE GBF702C INTO A PARKING SUDDENLY I HEARD A SOUND A I CAME DOWN AND SAW A MOTORCYCLE FBN6148X ON THE GROUND AND I DID NOT NOTICE WHERE SHE CAME FROM.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vas there any audio recorded?

No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Insurance Company Name

Motorcycle

DANA ABRANATHY

Logical Category

Motorcycle

DANA ABRANATHY

DANA ABRANATHY

Logical Category

Motorcycle

Logical Category

Motorcycle

DANA ABRANATHY

Logical Category

Motorcycle

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 GW Records Management Centre established by the General Insurance Association of Singapore (GW) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

l 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

iver's Signature (# driver is not the policyholder) (#

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

9 VOODLANDR CLOSKE MCSP

Witnessed by Reporting Centre Personnel

> A) GBF 700C B) FBN 6148

AS PEL STATEMENT	
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#### Declaration

We declare the foregoing particulars are true in every respect.

THE RICE PORTOR

Policyholder's Signature / Date & Time

36.2 360

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

Witnessed by Reporting Centre

Witnessed by Reporting Centre Personnel













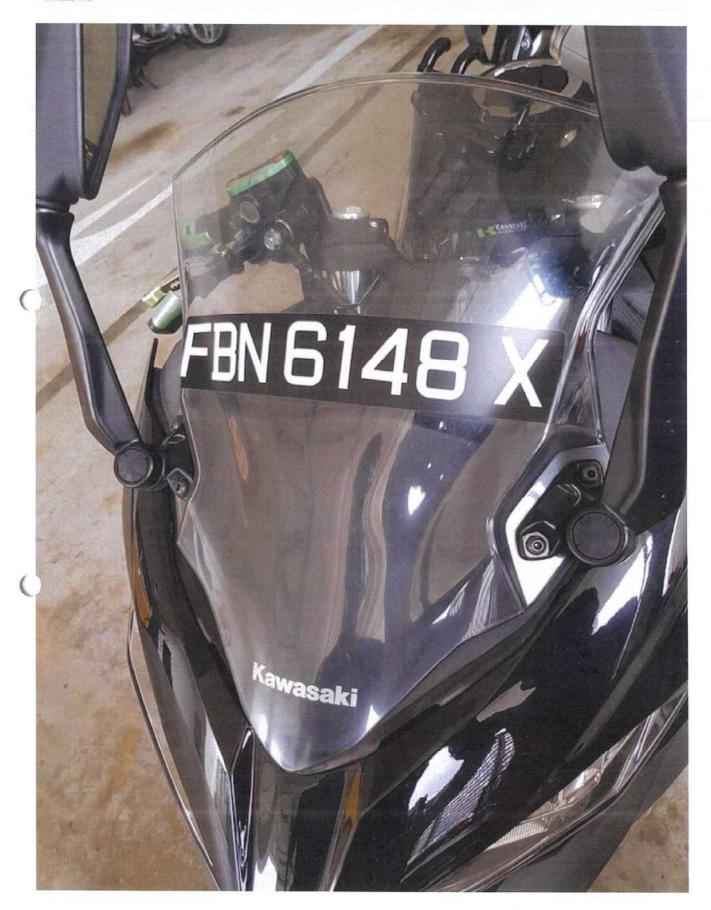






















30-Sep-2022

Doctor Anywhere (Corporate HQ) Reg No 201622968H 460 Alexandra Road, #40-01, Singapore 119963 Tel: 31584622

Our Ref: DACG0922/035 Your Ref: RA.519309.D

Riaz LLC Advocates & Solicitors 133 New Bridge Road #09-09 Chinatown Point Singapore 059413

#### Re: Medical report for DANA ABERNATHY (\$9728901H)

This medical report is written to facilitate legal processes relating to a road traffic accident on 11-Jun-2022. I did not review the patient, and the information provided in this report is obtained from the patient's electronic medical records.

Ms Abernathy visited Intermedical 24-Hour Clinic on 11-Jun-2022 after reportedly being involved in an accident earlier the same day. She reported that she was the rider of a motorcycle which was hit by a reversing car. She reported that she was pushed off the motorcycle, which fell to the ground. She reported that she managed to land on her feet and was not hit by the falling motorcycle. During the consult, she reported experiencing pain over her lower back, lower hip and tailbone area.

On examination, there was tenderness over her lower back paraspinal muscles. Chest compression was negative. There was no bony tenderness and no other injuries noted.

The clinical impression was back strain from road traffic accident. Ms Abernathy was prescribed oral and topical analgesia and was issued a 3-day medical certificate (11-Jun-2022 to 13-Jun-2022). She was also advised to return or proceed to the emergency department if she did not recover.

Ms Abernathy returned to the clinic on 18-Jun-2022 complaining of pain over her right sacrum and right leg. There was tenderness over her right sacrum, along with pain and bruising over her right tibial shaft. Her FABER test was positive, while straight leg raise test was negative. In view of possible fracture, she was referred to the emergency department, and was provided a referral letter. She was also prescribed additional oral analgesia and given a 5-day medical certificate (18-Jun-2022 to 22-Jun-2022).

Ms Abernathy did not return to the clinic for symptoms related to the abovementioned accident after the visit on 18-Jun-2022.

Regards,

Dr Andrew Fang

Family Physician, M16576Z
Doctor (Hybrid), Doctor Anywhere

# RIAZ LLC

#### Advocates and Solicitors

133 New Bridge Road #09-09 Chinatown Point Singapore 059413

Tel: 6534 0110 Fax: 6534 0220 (Not for service of Court Documents) Email: riaz@justice.com.sg

ACRA NUMBER: 200911678H

GST REGISTRATION NUMBER: 200911678H

**PAYMENT** 

Page 1-1

### INTEMEDICAL 24 HR CLINIC

Address:

525 ANG MO KIO AVENUE 10

#01-2407

S(560525)

Singapore

Attn.To

Medical Records Office

Payment No.

DBS 009003

Payment Date

4 September, 2022

**Payment Mode** 

OMD-DISB-CHQ-SGD

DBS 009003

Currency

SGD

Amount

321.00

Remarks

For Type/Description	Amount	GST	Paid To	Reference
MEDICAL REPORT FEE	321.00	.00	INTEMEDICAL 24 HR CLINIC	
MEDICAL REPORT FOR DANA ABERNATHY -				
519309				



#### Medical-In-Confidence

#### 08/09/2022 - Medical Report in TTSH Emergency Department

Requester Address:

LEE LIAN RIAZ LLC 133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413

Your ref: RA.519309.D Our ref: 479281

10/09/22

Dear Sir/Mdm.

### RE: ORDINARY MEDICAL REPORT ON DANA ABERNATHY, \$9728901H

The above named patient was a 24-years-old lady who was seen by myself in the Emergency Department of Tan Tock Seng on 18/06/2022 at 19:15 hours for the examination of her injuries. She was involved in a road traffic accident on 11/06/2022. She was riding on her motorbike when a car hit her. There was no head injury or loss of consciousness. She claimed she did not fall down. However, she experienced low back pain after one hour and noted bruise over the right lower limb. She went to a private clinic and given analgesics. However there was persistent low back pain and bruise over the right lower limb.

On examination she was alert with stable vital signs. The following were noted on physical examination:

- (1). Tenderness over the lower back.
- (2). Bruises over the right thigh and right shin without tenderness.

X- rays of the lumbosacral spine, right thigh and right leg did not show any fracture.

She was advised to continue taking her own analgesics. An outpatient follow-up referral to the Department of Orthopedic Spine Specialist Outpatient Clinic was given for follow-up.

Thank you.

Sincerely yours

Gary Louie Atanacio NICOMEDES

MCR 10520A



#### Medical-In-Confidence

### 08/09/2022 - Medical Report in TTSH Emergency Department (continued)

Electronically Signed By: Gary Louie Atanacio NICOMEDES Designation: Physician, Resident, Prin MCR: 10520A

Date Signed: 15/9/22

Vetted By: Hou ANG Designation: Physician, Consultant, Sr

MCR: 087621

Date Vetted: 13/9/22



514507



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

#### OFFICIAL RECEIPT

RIAZ LLC 133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT Singapore 059413

RECEIPT NO.: 81955

RECEIPT DATE & TIME: 8/9/2022 10:42 AM

GST REG NO.: M200945646

	SERVICE DESCRIPTION	AMOUNT PAYABLE (S\$)
Specialty / CI	ass : Medical Records Office / NR	
Media Type(s Ordinary Med DANA ABER	lical Report	100.00
XXXXX901H	NATH	
Our Ref Payment Reference Comments	: Visa : MOTO SALE 007722	

Total Amount Billed

: S\$100.00

Total Amount Paid

: S\$100.00

Amount Due

: S\$0.00

7% GST is included in the amount charged.

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



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

DATE/TIME:08/09/22 10:47.10
MID:000001050635051
TID:58277070 INV:007082
BATCH:000990 TRACE:007720
S/W:4311.00.01.2
APPR CODE:009784
VOID SALE

VISA ONUS ENT: Manual REF NUM: 000011007720

BASE : -S\$ 10.00

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

THANK YOU HAVE A NICE DAY



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

DATE/TIME:08/09/22 10:40:28 MID:000001050635051 TID:58277070 INV:007082 BATCH:000990 TRACE:007719 S/W: 4311.00.01.2 APPR CODE:009784 SALE

VISA ONUS \*\*\*\* \*\*\*\* 4719 ENT:Manual REF NUM:000011007/19

BASE : S\$

10.00

TOTAL : S\$

10.00

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

THANK YOU. HAVE A NICE DAY



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

DATE/IIME:08/09/22 10:49:52 MID:000001050635051 TID:58277070 INV:007084 BATCH:000990 TRACE:007722 S/W: 4311.00.01.2 APPR CODE:002268

SALE VISA ONUS ENT:Manual REF NUM:000011007722

BASE : S\$

100.00

TOTAL : S\$

100.00

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

THANK YOU. HAVE A NICE DAY



#### EMERGENCY DEPARTMENT

Date:	1-1	
Time:	- 1011	\ \
Location:		X

Please bring along your N.R.I.C or BIRTH CERTIFICATE (if you are below 15) or PASSPORT / WORK PERMIT (if you are a FOREIGNER)

An administration fee of \$10.00 will be charged for duplication of referral letter. For any queries or changes, pls call

63577000/8000

To: Ortho - Spine B1A 10520A Within 2 weeks Principal Resident

S9728901H MRN Re:

DANA ABERNATHY

23-08-1997 / 25 Yrs DOB/Age/Sex 18-06-2022 05:56 PM Registration date

/ Male

REFERRAL REMARKS / REASON FOR REFERRAL

for review of persistent low back pain thank you

Diagnosis

Principal Diagnosis: LOW BACK STRAIN
Other Diagnosis: CONTUSION OF LOWER LIMB

Allergies / Medical Alerts EDWeb Drug Allergy:

NIL

ADR / Drg Allergy:

NIL

Medical Alerts:

Asthma & Covid Vaccination Initiated

PLEASE TRACE AND REVIEW ALL FINAL

XRAY AND LABORATORY REPORTS

#### **Triage Notes**

SCREENING

- > NO Fever/ Respy/ Anosmia Sx
- > none of the above
- > ID Suspect : NONE

ED Outcome Location; Level 0

Chief Complaint at Screening: Back pain

Involved in RTA x 1/52 ago. C/o worsening, non-radiating lower back pain since then.

Went to GP twice, not improving

Nil flung, HI, headache, giddiness, nausea, vomiting. Nil ARI symptoms.

Referred from GP: consider imaging

**Clinical Notes** 24 years old Chinese lady she was involved in a RTA

This referral letter is valid for six months

The content of this document is confidential and privileged to the doctor and patient. If you have received this document by mistake, please (a) notify the sender immediately ; (b) destroy the document and (c) do not read, use, copy, store, disseminate and or disclose to any person the information and materials found in the medical records.



#### EMERGENCY DEPARTMENT

on June 11, 2022 she was on her motorbike stationary when a car hit her she did not fall her bike fell no HI no LOC she can still walk well after one hour she experienced low back pain and noted bruises over the right lower limb no problem passing urine or stool no abdominal pain no nausea no vomiting no other injuries she was discharged with analgesics she reported the case to police station

however she came back to the same clinic because of persistent pain over the back and bruises over the right leg and right thigh no knee pain no other symptoms

2018 - gender identity disorder seen in IMH also on ff-up to Endocrine of TTSH for hormonal therapy alcohol use disorder previous dx of ADHD childhood asthma no drug allergy

Physical Examination

can walk straight stable no fever exam of the whole spine paravertebral tenderness of lumbar spine no tenderness over the coccyx neg for pelvic compression noted bruises over the right shin not tender bruise over the right thigh not tender no tenderness right knee the left lower limb normal not tender abdomen soft not tender

impression; strain lower back contusion lower limb

review of patient the x-rays are essentially normal

she has enough analgesics not keen for MC ff-up to Ortho Spine clinic advised to come back for worsening of symptoms

The content of this document is confidential and privileged to the doctor and patient. If you have received this document by mistake, please (a) notify the sender The content of this document is confidential and privileged to the doctor and patient. If you have received this document by mistake, please (a) notify the sender immediately; (b) destroy the document and (c) do not read, use, copy, store, disseminate, and or disclose to any person the information, and materials found in the medical records.



#### **EMERGENCY DEPARTMENT**

Vital Signs TEMP:37.4 PR:69 BP:108/56 mmHg RR:17 SPO2:100 FIO2:21

#### Investigations

X-Ray Orders: FEMUR (RIGHT) - AP, LAT LUMBOSACRAL SPINE - AP, LAT TIBIA/FIBULA (RIGHT) - AP, LAT

X-Ray Comments:

XR, Lumbosacral Spine, AP and Lateral of 18-JUN-2022:

Comparison was made with the previous radiograph dated Oct 29 2012

The lumbar vertebral alignment is normal.

No loss of normal lumbar lordosis is noted.

The vertebral body heights and intervertebral disc spaces are largely preserved.

No fracture is seen.

No significant degenerative change is noted along the lumbar spine.

Bilateral sacroiliac joints are unremarkable.

XR, Tibia and Fibula, Right of 18-JUN-2022:

No previous scan available for comparison.

No fracture or dislocation is detected. The bony alignment is normal.

XR, Femur, Right of 18-JUN-2022:

No previous scan available for comparison.

No fracture or dislocation is detected. The bony alignment is normal.

NIL

Treatment

This referral letter is valid for six months

The content of this document is confidential and privileged to the doctor and patient), if you have received this document by mistake, please (a) notify the sender immediately; (b) destroy the document and (c) do not read, use, copy, store, disseminate and or disclose to any person the information and materials found in the medical records.

# Internedical 24 Hr Clinic (A member of DA Clinic Group)

525 Ang Mo Kio Avenue 10, #01-2407 Singapore 560525

D & R Medical Private Limited GST and Co Reg No: 201701498E C L I N I C



DANA ABERNATHY

ID: 28190 IC: S9728901H

Dear ED Colleague,

Re: DANA ABERNATHY - S9728901H

The abovementioned patient was initially seen in my clinic on 11 Jun 22 following an RTA., and treated for lower back muscular strain.

She re-attended today with complaints of non-resolving pain. On examination, there is tenderness over the L sacrum, with a positive FABER test. There is also tenderness with bruising over the R tibial shaft.

Kindly review the patient and consider imaging.

Thank you.

Regards, LOCUM DOCTOR

Internedical 24 Ar Clinic (Member of Ø (linic Group) 525 Ang Mo Kio Ave 10, #01-2407 S'pore 560525 Tel: +65 3165 0147

# Intermedical 24 Hr Clinic (A member of DA Clinic Group)

525 Ang Mo Kio Avenue 10, #01-2407 Singapore 560525

Tel: +65 3165 0147

D & R Medical Private Limited GST and Co Reg No: 201701498E



DANA ABERNATHY

ID: 28190 IC: S9728901H

To Person-In-Charge

Patient was involved in a traffic accident (RTA) at multistorey carpark today was driver car reversed into patient's motorcycle motorcycle dropped but patient did not fall onto ground Time of accident: 2pm today 11 June 2022 patient was not flung was pushed off bike, but did not fall onto ground landed on feet bike did not hit patients body no fever chills rigours

Currently: Pain at : lower back and lower hip area , tailbone area

O/E: Lower back some paraspinal tenderness
No bony tenderness
Chest pelvic comp negative
No other injuries
No visible abrasions

Imp: Back strain from RTA

P: Meds, MC, return advice given if pain persistent or worsening to go to ED for XR

Interredical 24 Hr Clinic (Member of DA Clinic Group) Da R Medical Pte Ltd 525 Ang Mo Kio Ave 10, #01-2407 S'pore 560525 Tel: +65 3165 0147 DANA ABERNATHY, Patient ID: S9728901H DOB: 23-Aug-1997 Date: 18-Jun-2022

Exam No: 10003366126,10003366128,10003366127

REPORT STATUS: APPROVED

XR, Lumbosacral Spine, AP and Lateral of 18-JUN-2022:

Comparison was made with the previous radiograph dated Oct 29 2012

The lumbar vertebral alignment is normal.

No loss of normal lumbar lordosis is noted.

The vertebral body heights and intervertebral disc spaces are largely preserved.

No fracture is seen.

No significant degenerative change is noted along the lumbar spine.

Bilateral sacroiliac joints are unremarkable.

XR, Tibia and Fibula, Right of 18-JUN-2022:

No previous scan available for comparison.

No fracture or dislocation is detected. The bony alignment is normal.

XR, Femur, Right of 18-JUN-2022:

No previous scan available for comparison.

No fracture or dislocation is detected. The bony alignment is normal.

Report Entered By: Dr Natassia Ng Yu Ching on 18-JUN-2022 08:03 PM Report Coread By: Dr Natassia Ng Yu Ching on 18-JUN-2022 08:03 PM Report Approved By: Dr Natassia Ng Yu Ching on 18-JUN-2022 08:03 PM

# Internedical 24 Hr Clinic (A member of DA Clinic Group)

525 Ang Mo Kio Avenue 10, #01-2407 Singapore 560525

D & R Medical Private Limited GST and Co Reg No: 201701498E C LINIC



Patient: DANA ABERNATHY

IC: S9728901H

ID: 28190

Date of Visit: 11 Jun 2022

Date Created: 11 Jun 2022

MC: #158395

# Medical Certificate

This is to certify that the patient is Unfit for Work/Duty from 11 June 2022 to 13 June 2022 for 3 days.

Time of attendance: 03:33pm

Internedical 24 Hr Clinic (Member of DA Clinic Group) D & R Medical Pte Ltd 525 Ang Mo Kio Ave 10, #01-2407 Thora 560525 Tel: +65 3165 0147

Note: This medical certificate is not valid for absence from court.

# Internedical 24 Hr Clinic (A member of DA Clinic Group)

525 Ang Mo Kio Avenue 10, #01-2407 Singapore 560525

D & R Medical Private Limited GST and Co Reg No: 201701498E C LINIC



Patient: DANA ABERNATHY

IC: S9728901H

ID: 28190

Date of Visit: 18 Jun 2022 Date Created: 18 Jun 2022

MC: #159537

# Medical Certificate

This is to certify that the patient is Unfit for Work/Duty from 18 June 2022 to 22 June 2022 for 5 days.

Time of attendance: 04:49pm

Internedical 24 Hr Clinic (Member of DA 525 Ang Markjo Ave 10, #01-2407 S'pore 560526 Tel: +65 3165 0147

Note: This medical certificate is not valid for absence from court.

## Internedical 24 Hr Clinic (A member of DA Clinic Group)

525 Ang Mo Kio Avenue 10, #01-2407 Singapore 560525

Tel: +65 3165 0147

D & R Medical Private Limited GST and Co Reg No: 201701498E



\$0.07

\$76.30

#### DANA ABERNATHY

Invoice #573373

Date 11/06/2022

Ref No 28190

Adjustment:

Total:

#### Tax Invoice

		Sub Total
1	\$38.00	\$38.00
1	\$14.04	\$14.04
20	\$0.40	\$8.00
20	\$0.56	\$11.20
Sub-Total;		\$71.24
1	GST 7%:	\$4.99
	20	1 \$14.04 20 \$0.40 20 \$0.56

	THE RESIDENCE OF THE PARTY OF T		
MasterCard	\$76.30	11 Jun 2022	1
L			

Outstanding Balance: \$0.00

### <

### **Transaction Details**

## **Payment**

You've paid

s\$ 49.30

Paid to

(

D & R MEDICAL PRIVATE LIMITED

Paid by

G GrabPay Wallet

Date and time

18 Jun 2022, 05:11 PM

QR Type

**PAYN** W

Grab Transaction ID

5e2fbb30a932402fb2b041e41894ee04



**FAST Transaction ID** 

20220618GPNTSGSGBRT6875876

Report an issue



## DANA ABERNATHY

# **TAX INVOICE (Interim)**

BILL REF. NO.

BILL DATE 1221873342C-00001 18 JUN 2022

> NRIC / FIN / MRN S9728901H

LOCATION

**EMERGENCY DEPARTMENT** 

VISIT DATE ▶ 18 JUN 2022 05:56 PM





Accepts: PayNow

\$ 128.00 FINAL AMOUNT PAYABLE

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	452.90
GOVT SUBSIDY	Ś	-324.90
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	\$	0.00
FINAL AMOUNT PAYABLE	\$	128.00

# **CHARGES**

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
ED SERVICE FACILITY		256.00	128.00
XR, FEMUR, RIGHT		59.76	0.00
XR, TIBIA & FIBULA, RIGHT		49.80	0.00
XR, LUMBOSACRAL SPINE, AP & LATERAL		87.34	0.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	452.90	
	GOVT SUBSIDY	-324.90	
	TOTAL AMOUNT (BEFORE GST)		128.00
	7% GST		8.96
	GST absorbed by Govt (for subsidised patier	it only)	-8.96
	TOTAL AMOUNT (AFT	TER GOVT SUBSIDY)	128 00

## **PAYMENT SUMMARY**

	TOTAL AMOUNT (AFTER GOVT SUBSIDY)	128.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
DANA ABERNATHY		128.00
	Payment Summary to be	continued on page 2





## TAX INVOICE (Interim)

BILL REF. NO. 1221873342C-00001 18 JUN 2022

BILL DATE

PATIENT NAME DANA ABERNATHY

NRIC / FIN / MRN S9728901H

**DANA ABERNATHY** 

**TOTAL AMOUNT PAYABLE** 

128.00

Net Payment made

0.00

**FINAL AMOUNT PAYABLE** 

\$ 128.00

# **PAYMENT OPTIONS & ADVISORY**



#### Self-Service Kiosk

- TTSH Self Payment Kiosk AXS Station
- S.A.M Kiosk

- Payment Counters at SOC and Pharmacies
- Admission Office

**Counter Services** 

- SingPost
- 7-Eleven Stores

#### E-Payment

- HealthHub Mobile App
- Payment through PayNow by scanning the SGQR code on this bill with your banking app
- DBS/POSB Digibank online/mobile or DBS Paylah!
- · AXS e Stations/m-Stations
- · SAM web/mobile.



#### **Payment Policy**

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





Please quote the Tax Reference Number (e.g. NRIC, FIN etc.) in full when corresponding with us.





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# Income Tax - Notice of Assessment (Original)

# What do you need to do?

Please pay \$517.80 by 14 Jul 2021.

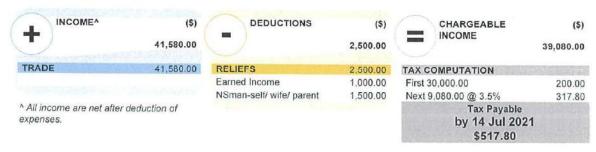
Payment made after 05 Jun 2021 may not be reflected in this notice.



## How to Pay?

Apply for GIRO (Account > Apply for Payment Plan) at myTax Portal and enjoy up to 12 interest-free monthly instalments or pay in full via PayNow QR (Account > Pay Taxes) / other electronic payment modes.

#### YEAR OF ASSESSMENT 2021



- If you disagree with the assessment, Object to Assessment under 'Individuals' at myTax Portal within 30 days, i.e. by 14 Jul 2021. Please pay the amount, if any, in this Notice by the due date, even if you object to the assessment.
- Please pay your taxes, if any, by the due date to avoid late payment penalties and other recovery actions.
- View Account Summary under 'Account' at myTax Portal for your latest income tax balance.

If you need help with your tax payment, please check go.gov.sg/iras-difficulty-paying-tax on how you may apply for a longer GIRO payment arrangement.

NG WAI CHOONG

Jworlhong

COMPTROLLER OF INCOME TAX

Website: www.iras.gov.sg • myTax Portal: mytax.iras.gov.sg

Please quote the Tax Reference Number (e.g. NRIC, FIN etc.) in full when corresponding with us.





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# Income Tax - Notice of Assessment (Original)

# What do you need to do?

As you are on GIRO, the tax payable will be deducted from your GIRO bank account. Please maintain sufficient funds in your bank account for the deduction(s). You may refer to your GIRO Payment Plan (Account > View/ Cancel Payment Plan) at myTax Portal for more information. If your GIRO payment plan is cancelled, please pay your taxes by the due date.

#### YEAR OF ASSESSMENT 2022

(\$) 45,992.00	DEDUCTIONS	(\$) 2,902.00	CHARGEABLE	(\$) 43,090.00
43,992.00	DONATIONS	3.00	TAX COMPUTATION	
	DELIEE	2 200 00	First 40,000.00	550.00
2,000.00		The state of the s	Next 3,090.00 @ 7%	216.30
			Tax Payable	
	NSman-self/ wife/ parent	1,500.00		
deduction of	Provident Fund/ Life Insurance	399.00	\$766.30	
	45,992.00 43,992.00 2,000.00	45,992.00  43,992.00  DONATIONS  2,000.00  RELIEFS Earned Income NSman-self/ wife/ parent Provident Fund/ Life	45,992.00 2,902.00 43,992.00 DONATIONS 3.00  2,000.00 RELIEFS 2,899.00 Earned Income 1,000.00 NSman-self/ wife/ parent 1,500.00 Provident Fund/ Life 399.00	45,992.00

- Your tax assessment is based on information given by you through e-Filing on 01 Apr 2022.
- If you disagree with the assessment, Object to Assessment under 'Individuals' at myTax Portal within 30 days, i.e. by 08 May 2022. Your GIRO payment plan, if any, will continue even if you object to the assessment.
- · Late payment penalties and other recovery actions will be imposed on any unpaid taxes or defaulted instalments,
- View Account Summary under 'Account' at myTax Portal for your latest income tax balance.

If you need help with your tax payment, please check go.gov.sg/iras-difficulty-paying-tax on how you may apply for a longer GIRO payment arrangement.

NG WAI CHOONG

COMPTROLLER OF INCOME TAX

Website: www.iras.gov.sg • myTax Portal: mytax.iras.gov.sg



# A-Tec Automotive Pte Ltd

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875 Company Reg No: 201227298M GST Reg No: 201227298M

EMAIL :atec\_automotive@yahoo.com.sg

TEL: 6384-5206 FAX: 6384-5205

NAME:

Dana Abernathy

DATE :

04-01-23

Dana / Ibernati

PROFORMA TAX INVOICE

7291207

ADDRESS:



JOB NO . VEHICLE NO.

FBN6148X

\$

8,532.00

MAKE&MODEL :

TOTAL AMOUNT

Kawasaki Ninja

TERM

ITEM	DESCRIPTION	QTY	RATE	AMOUNT		
1	Lump Sum Repair As Per Surveyor Report			\$	7,900.00	
		SUB-1	OTAL	\$	7,900.00	
		ADD C	GST 8%	\$	632.00	

# **IMPORTANT**

Please remit payment within 7 days from the due date
All cheques must be made payable to A-TEC AUTOMOTIVE PTE LTD

This a computer generated document. No signature is required.

# J&M CONSULTANCY PTE LTD

11 Changi South Lane #02-08 ONN WAH BUILDING Singapore 486154 Company Reg No: 202125502E Tel: 6214-0474 Fax: 6384-5205

# INVOICE

DANA ABERNATHY

Invoice No.:

JM/230002

C/o: A-Tec Automotive Pte Ltd

Our ref

ATEC/01/0002/JM

8 Kaki Bukit Avenue 4

#04-20 Premier @ Kaki Bukit, Singapore 415875

Date

5 January 2023

DESCRIPTION	AMOUNT
OUR SERVICE FEE CHARGES:	
Survey Inspection For Vehicle No.     FBN 6148 X	
<ul> <li>Digital Photographs Services (Inclusive of storage and submission of digital photographs)</li> </ul>	
Transportation	
GRAND TOTAL	S\$575.00

E & O.E

All cheque payment should be "Crossed" and make payable to " J&M CONSULTANCY PTE LTD "

UEN NO.:

J&M Consultancy Pte Ltd

# J&M CONSULTANCY PTE LTD

11 Changi South Lane #02-08 ONN WAH BUILDING Singapore 486154 Company Reg No: 202125502E Tel: 6214-0474 Fax: 6384-5205

#### VEHICLE INSPECTION REPORT

To: DANA ABERNATHY

Date

: 5 January 2023

C/o: A-Tec Automotive Pte Ltd

Our ref

: ATEC/01/0002/JM

8 Kaki Bukit Avenue 4

#04-20 Premier @ Kaki Bukit, Singapore 415875

Accident Date : 11 June 2022

Inspection Date: 6 July 2022

Repairer Name : A-Tec Automotive Pte Ltd

8 Kaki Bukit Avenue 4

#04-20 Premier @ Kaki Bukit, Singapore 415875

## PARTICULARS OF VEHICLE

Registration No : FBN 6148 X

Year / Capacity: 2018/400cc

Type of Survey: Third party

Make / Model

: Kawasaki/ Ninja

Colour

: Black . .

Chassis No

: JKAEX400GGDA07580

Mileage

km

Engine No

# **CONDITION OF TYRES**

		Make	Size	Thread Balance
Front Nearside	:	Michelin	110/70 R17	80%
Front Offside		-	-	
Rear Nearside	:	Michelin	150/60 R17	80%
Rear Offside		010-00-00-00-00-00-00-00-00-00-00-00-00-		

## GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the left & right portion. (Details refer to the photographs attached)

Enclosed number of photographs:

<u>55</u>

copies

## REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not given authorization and instruction to the repairer to proceed with the repair.



Vehicle Registration No: FBN 6148 X

Our Ref No: ATEC/01/0002/JM

# RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

Under normal circumstances, the repair period would be about 7 (Seven) working days.

Qty	Description	Condition	J	Repairer's Estimate		Revised Amount
	SPARE PARTS - LIST ITEMS					
1	Front headlamp	Cracked/Malfunction	\$	850.00	9	850.00
1	Front body cowling LH	Warped	\$	550.00	9	550.00
1	Front body cowling RH	Warped	\$	550.00	9	550.00
1	Front wheel fork assy LH	Bent	\$	680.00	9	680.00
1	Front wheel fork assy RH	Bent	\$	680.00	9	680.00
1	Front fender assy	Warped	\$	480.00	9	480.00
1	Front side cover LH	Warped	\$	250.00	9	250.00
1	Front side cover RH	Warped	\$	250.00	9	250.00
1	Front side mirror RH	Repair	\$	250.00	9	-
1	Front side mirror LH	Scratched	\$	250.00	9	250.00
1	Front clutch lever RH	Scratched	\$	220.00	9	220.00
1	Front handle grip LH	Scratched	\$	200.00	9	200.00
1	Front engine cover	Warped	\$	400.00	9	400.00
1	Rear exhaust cover	Warped/Scratched	\$	420.00	9	420.00
		Total	\$	6,030,00	9	5,780.00
		Less 10%	\$	603.00		
			\$	5,427.00	- 5	5,202.00
	SPECIAL NETT ITEMS			High the sales		
1	Rear top box set	Necessary \$		500.00	\$	500.00
1	Front wheel tyre	Torn \$			\$	120.00
	8:	\$			\$	620.00
	Total parts	\$	6	,047.00	\$	5,822.00

# J&M CONSULTANCY PTE LTD

Vehicle Registration No: FBN 6148 X

Our Ref No: ATEC/01/0002/JM

S/No	Description Repairer's Estimate		Revised Amount		
	Total cost of parts c/f	\$	6,047.00	\$	5,822.00
	LABOUR				
1	To putty and spray painting the affected areas. Job Allowance.	\$	2,000.00	\$	1,800.00
2	To replace damaged parts.	\$	1,800.00	\$	1,600.00
3	To check front and rear lighting and wiring.	\$	150.00	\$	120.00
4	To apply anti rust proofing to the affected areas.	\$	300.00	\$	280.00
5	To remove and install front inner garnish components to facilitate the repair.	\$	180.00	\$	160.00
6	To remove and install front wheel components to facilitate the repair.	\$	180.00	\$	160.00
	Grand Total:	\$	10,657.00	\$	9,942.00

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of: \$ 7,900



Vehicle Registration No: FBN 6148 X

Our Ref No: ATEC/01/0002/JM

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

#### **Disclaimer**

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

J&M Consultancy Pte Ltd

UEN NO.: 202125502E

Joel Liew Jian Xiang Automotive Appraiser

