

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 Actual 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	03/02/2023 14:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 06:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS AT 14KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU909K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MIN YEOW
NRIC No	SXXXX045B
Email Address	minyeow@gmail.com
Mobile Phone No	(Phone) +65-98460530
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2020-00000354-03

DRIVER

Name of Driver	TAN MIN YEOW
NRIC No	SXXXX045B
Date Of Birth	21/08/1973
Occupation	Indoor

Date Of Driving Pass	20/01/1993
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98460530
Alt. Phone Number	-
Email Address	minyeow@gmail.com
Address	70 JALAN GREJA
Address complement	-
Postcode	488933
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	8
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	AVERY TAN
Gender	Female

PASSENGER 2

Name	VALERIE TAN
Gender	Female

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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH9451B
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT3816U
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLD1618Z
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SCA688A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SLF8596X
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SMQ7388S
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number	SLC2933L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	TAN MIN YEOW
Gender	Male
Phone No	(Phone) +65-98460530
Address	70 JALAN GREJA
Address Complement	-
Post Code	488933
Approximate Age Years Old	-
Injuries Sustained	MUSCLE ACHES
Injured person in which vehicle?	SGU909K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.



Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

PIE Towards Tuas at 14 km

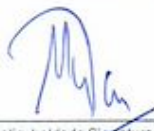
	<p>Vehicle A - SGU 909K</p> <p>Vehicle B - SMH 9451B</p> <p>Vehicle C - SST 3816U</p> <p>Vehicle D - SLD 1618Z</p> <p>Vehicle E - SCA 688A</p> <p>Vehicle F - SLF 8596X</p> <p>Vehicle G - SMQ 7388S</p> <p>Vehicle H - SLC 2933L</p>
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Describe Circumstance of the Accident

On the stated date & time, I vehicle A SGU 909K was driving along PE towards Tuas on the extreme right lane. Vehicle in front me slow down & brake, I follow suit. Suddenly vehicle B SMH 9451B cannot stop in time and hit into my vehicle. The impact was great and cause my vehicle push forward & hit into vehicle C SMQ 7388S. Then I realise there is a chain collision between 3 vehicles.

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230204/7044

3 of 4

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

Report No. T/20230204/7044

CONTINUATION OF REPORT

Passenger			
Name	AVERY TAN WEN XUAN	ID No.	T1136779D
Related Vehicle	SGU909K (Car)	Contact No.	98460530
Hospital/Clinic	WOODS MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/02/2023	Date	04/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I, vehicle SGU909K was driving along PIE 14km towards Tuas on the extreme right lane. Vehicle SMQ7388s in front of me slowed down and braked, I followed suit. Suddenly vehicle SMH9451B cannot stop in time and hit into my vehicle. The impact was great and cause my vehicle to push forward and hit into vehicle SMQ7388S. Then I realised that there is a chain collision between 8 vehicles.

(As I cant choose PIE 14KM on the map nor type into the road name, I can only choose Bendemeer road)





























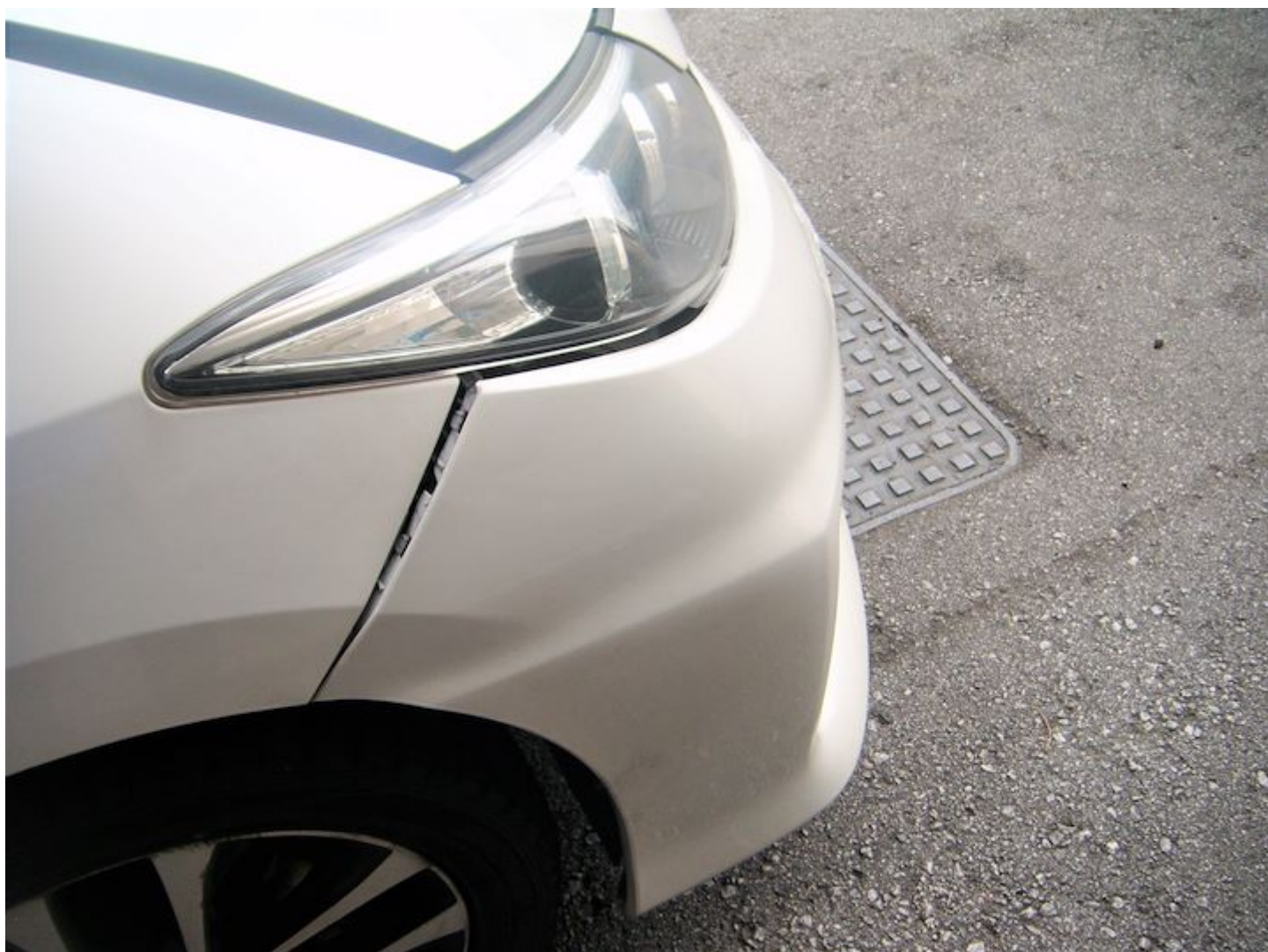






































**SINGAPORE
POLICE FORCE**



T/20230204/7044

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

1 of 4

Report No. T/20230204/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2023 15:39	Vide Report No.: E/20230203/0033	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN MIN YEOW			Address: 70 JALAN GREJA SINGAPORE 488933	
ID Type / ID No.: NRIC NO / S7330045B			Contact No.: Home/Office: Mobile: 98460530	
Nationality: SINGAPORE CITIZEN			Email: MINYEOW@GMAIL.COM	
Sex: Male	Age: 49	Date of Birth: 21/08/1973	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Bank Officer			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2023 06:45	Type of Location: Straight Road
Location: BENDEMEER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCA688A	Car		Mercedes			0
SGU909K	Car	TOYOTA	ESTIMA AERAS PREMIUM 2.4	White	Seriously Damaged	2
SJT3816U	Car		Honda			0



**SINGAPORE
POLICE FORCE**



T/20230204/7044

2 of 4

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

Report No. T/20230204/7044

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLC2933L	Car		toyota			0
SLD1618Z	Car					0
SLF8596X	Car		Kia			0
SMH9451B	Car		Kia			0
SMQ7388S	Car		Nissan			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU909K	FWD Singapore Pte. Ltd	PNPV2020-00000354-03	29/01/2023	28/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN MIN YEOW		ID No.	S7330045B
Related Vehicle	SGU909K (Car)		Contact No.	98460530
Hospital/Clinic	OASIS FAMILY CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/02/2023		Date	03/02/2023
No. of Days granted Medical Leave	04	Degree of	Slight	
Passenger				
Name	VALERIE TAN MEI XUAN		ID No.	T1623275G
Related Vehicle	SGU909K (Car)		Contact No.	98460530
Hospital/Clinic	OASIS FAMILY CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/02/2023		Date	03/02/2023
No. of Days granted Medical Leave	04	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20230204/7044

3 of 4

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

Report No. T/20230204/7044

CONTINUATION OF REPORT

Passenger			
Name	AVERY TAN WEN XUAN	ID No.	T1136779D
Related Vehicle	SGU909K (Car)	Contact No.	98460530
Hospital/Clinic	WOODS MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/02/2023	Date	04/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I, vehicle SGU909K was driving along PIE 14km towards Tuas on the extreme right lane. Vehicle SMQ7388s in front of me slowed down and braked, I followed suit. Suddenly vehicle SMH9451B cannot stop in time and hit into my vehicle. The impact was great and cause my vehicle to push forward and hit into vehicle SMQ7388S. Then I realised that there is a chain collision between 8 vehicles.

(As I cant choose PIE 14KM on the map nor type into the road name, I can only choose Bendemeer road)



**SINGAPORE
POLICE FORCE**



T/20230204/7044

4 of 4

Report No. T/20230204/7044

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

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476904

NP168

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

Date/Time:
04/02/2023 15:39

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: SN0923230006 Vehicle Registration No: SGU 909K
 Name (as shown in NRIC): Tan Min Yeow NRIC/FIN/Passport No: S7330045B
 (*Vehicle Driver/Policyholder)(*) Please delete as appropriate
 Address: 70 Jalan Greja Singapore (488433)
 Contact (Tel): _____ Mobile No.: 9846 0530
 Email Address: mingyeow@gmail.com
 Date of Accident: 03/02/2023 Time of Accident: 06:45
 Place of Accident: PIE TOWARDS TUAS AT 14KM
 Insurance Company: FWD

(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:

- Amend (upload) police Report, Medical Certificates and Medical Bill.

Policyholder / Actual Driver's Signature
Date:

gund 8/2/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

 **SINGAPORE
POLICE FORCE**
SAFELANDING EVERY DAY

CASE CARD

Report Number: E/20230203/033

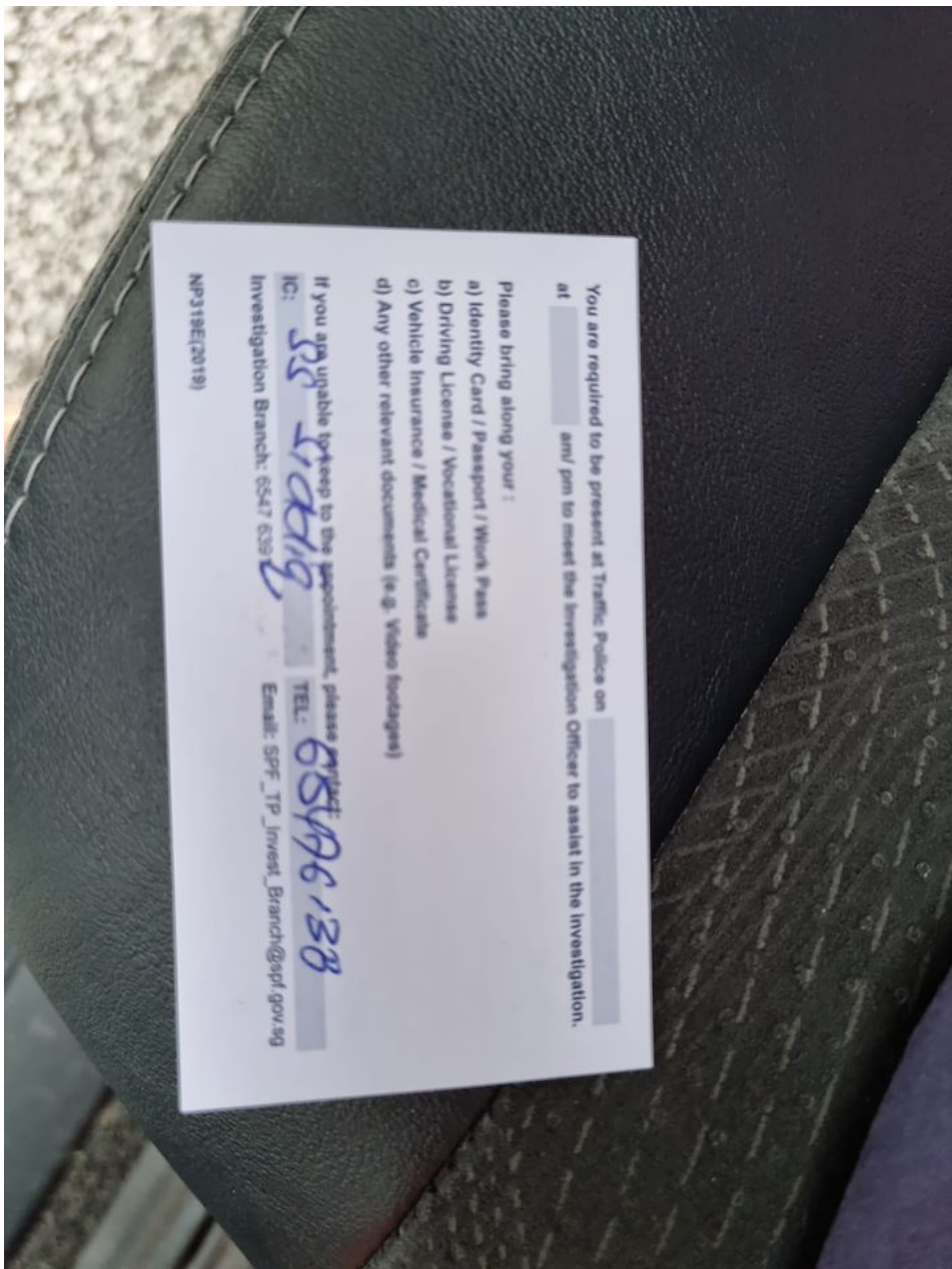
Traffic Accident along P1E 14km → 745.

Involving vehicles: 8 vehicles.

On 3.2.23 at about am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

MP319E(2019)





Oasis Family Clinic

绿洲家庭诊所

Blk 56 New Upper Changi Road #01-1322 Singapore 461056
Tel: 6448 8055 Fax: 6448 8130

TAX INVOICE

Provider: Dr Chong Tze-Hong

Invoice No. TP003895
Invoice Date: 03/02/2023

TAN MIN YEOW (S7330045B)

Ref ID :64144

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
CONSULTATION	1	EA	22.00		22.00
CAP CELEBREX 400MG	10	TAB	3.60		36.00
TAB FAMOTIDINE 40MG	10	TAB	0.40		4.00
TAB MYONAL 50MG	10	TABS	1.20		12.00
KEFENTECH PLASTER	1	PACK	8.00		8.00

Diagnosis: neck and lower back strain injuries.

DR CHONG TZE HONG
MBBS (Singapore)

Subtotal : \$82.00

8% GST : \$6.56

Total : \$88.56

Amount Paid : \$88.50

Rounding : \$0.06

For safety reasons, medications sold are non refundable and non exchangeable.

Oasis Family Clinic
Blk 56 New Upper Changi Road
#01-1322 Singapore 461056
Tel: 6448 8055 Fax: 6448 8130

WOODS MEDICAL CLINIC PTE LTD20 Eastwood Rd, #01-14A, Eastwood Centre S486442
Tel: 62460545 Fax: 62460546

GST Reg No : 200203520M

Co Reg No : 04/945250/02

TAX INVOICETAN WEN XUAN AVERY
70 JALAN GREJA

S(488933)

Patient : TAN WEN XUAN AVERY (T1136779D)

Invoice No. : 264579
Our Reference : 41415
Date : 04 Feb 2023
Doctor : DR LIM WEE HOW

DESCRIPTION	QTY	FEE (\$)
DHASEDYL SYR	90.00 ml	4.95
INFLAZYME 10MG TAB	10.00 tabs	5.00
MOBIC 7.5MG	10.00 tabs	8.50
PROFESSIONAL FEES		30.00
PRACTICE COSTS		2.50
Sub-Total		50.95
Add GST 8.0%		4.08
Rounding Adjustment		-0.03
Total Patient Payable		55.00
Receipt No. 711714 - CASH Payment Received		55.00
Outstanding Balance		0.00

All cheques should be crossed and made payable to:
Woods Medical Clinic Pte Ltd
Woods Medical Clinic Pte Ltd 20 Eastwood Road
#01-14A Eastwood Centre
Singapore 486442
Tel: 6246 0545 Fax: 6246 0546

For WOODS MEDICAL CLINIC PTE LTD

E. & O.E

Diagnosis:

Dr Signature: *Lim**Conduct & Health
Physi*



Oasis Family Clinic

绿洲家庭诊所

Blk 56 New Upper Changi Road #01-1322 Singapore 461056
Tel: 6448 8055 Fax: 6448 8130

TAX INVOICE

Provider: Dr Chong Tze-Hong

Invoice No. TP003896
Invoice Date: 03/02/2023

VALERIE TAN MEI XUAN (T1623275G)

Ref ID :UC64976

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
CONSULTATION	1	EA	22.00		22.00
BIFEN SYRUP (IBUPROFEN 100MG/5ML)	100	ML	0.10		10.00
OINTMENT BACTROBAN (MUPIRAX) 5GM	1	TUBE	8.00		8.00

Diagnosis: Back strain (Right)
 ⑤ sided wrist
 confusion and dizziness

Dr CHONG TZE HONG
MBBS (Singapore)

Subtotal : \$40.00

8% GST : \$3.20

Total : \$43.20

Amount Paid : \$43.20

For safety reasons, medications sold are non refundable and non exchangeable.

Oasis Family Clinic
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#01-1322 Singapore 461056
Tel: 6448 8055 Fax: 6448 8130



Oasis Family Clinic

绿洲家庭诊所

Blk 56 New Upper Changi Road #01-1322 Singapore 461056
Tel: 6448 8055 Fax: 6448 8130


MEDICAL CERTIFICATE**MC No:** OD0000017406**NAME:** TAN MIN YEOW**PID:** 64144**NRIC:** S7330045B

This is to certify that the above patient name is Unfit for Duty for a period of 4 day
from 03-02-2023 to 06-02-2023 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr Chong Tze-Horng

Issued by


Signature03/02/2023

Date

Printed on 03/02/2023 07:50 PM

Oasis Family Clinic

Blk 56 New Upper Changi Road
#01-1322 Singapore 461056
Tel: 6448 8055 Fax: 6448 8130



Oasis Family Clinic

绿洲家庭诊所

Blk 56 New Upper Changi Road #01-1322 Singapore 461056
Tel: 6448 8055 Fax: 6448 8130

MEDICAL CERTIFICATE**MC No:** OD0000017409**NAME:** VALERIE TAN MEI XUAN**PID:** UC64976**NRIC:** T1623275G

This is to certify that the above patient name is Unfit for School for a period of 4 day
from 03-02-2023 to 06-02-2023 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr Chong Tze-Horng

Issued by

Signature

03/02/2023

Date

Printed on 03/02/2023 07:57 PM

Oasis Family Clinic

Blk 56 New Upper Changi Road
#01-1322 Singapore 461056
Tel: 6448 8055 Fax: 6448 8130

WOODS MEDICAL CLINIC PTE LTD

20 Eastwood Rd, #01-14A. Eastwood Centre S'486442

Tel: 62460545 Fax: 62460546

Medical Certificate

Date : 04 Feb 2023

MC No. : 0000125714

This is to certify that :

Name : TAN WEN XUAN AVERY

NRIC : T1136779D

is Unfit for School for 3 days

from 04/02/2023 to 06/02/2023 inclusive.

DR LIM WEE HOW

MCR 07204D

MBBS (S'PORE)

Dip. Prac. Dermatology (Wales, UK)

Grad. Dip. Occupational Medicine

DR LIM WEE HOW

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