

AXALT LAW LLC

Advocates & Solicitors

(UEN NO. 202038023M)

(We do not accept service of Court documents by fax or email.)

Date: 27 September 2022
Our Ref: ALL.PDPI.2200466
Your Ref: SHB4959C

WITHOUT PREJUDICE

AXA INSURANCE PTE LTD

8 Shenton Way
#24-01 AXA Tower
Singapore 068811
(Attention: Motor Claims Department)

OWNER/DRIVER OF SHB4959C

CITYCAB PTE LTD
YEO MENG KWANG
6 Rivervale Link #11-08
Singapore 545042

TAN MAY YEE

66 Tannery Lane
#01-04i Singapore 347805
Tel : 6547 0082
Fax : 6547 0083
Email : joe@axalt.sg

Dear Sir/Madam,

LETTER OF DEMAND

**CLIENT: MOHD SAIFULLAH BIN ZAINAL ABIDIN – RIDER OF FBB4066A
CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NO.
FBB4066A AND SHB4959C AT BUANGKOK CRESENT ON 29 JANUARY 2021 AT
ABOUT 2300 HOURS**

We are instructed by the abovenamed to claim damages against your insured in connection with a road traffic accident, details of which are stated above involving our client and **SHB4959C** driven by you / your insured's driver at the material time.

We are instructed that the accident was caused by your / your insured driver's negligence. Perusing the following documents listed below, we set out below with the table of our client's injuries: -

1. Comminuted fracture of the left distal radius with intra articular extension and volar angulation
2. Displaced fracture of left ulnar styloid
3. Permanent reduced range of motion, strength, and risk of post traumatic osteoarthritis
4. Left distal clavicle fracture
5. Forehead laceration (5cm curved deep laceration)
6. Laceration over upper and lower lip
7. Multiple chipped incisors upper and lower teeth
8. Upper dentures broken
9. Multiple abrasions over arms and knee

Copy of the following supporting documents is enclosed:

- (1) Medical Reports from Sengkang General Hospital;
- (2) Medical report fee receipt;
- (3) Discharge Summary and Referral Letters from Sengkang General Hospital;

- (4) Medical receipts from Sengkang General Hospital;
- (5) Medical certificates from Sengkang General Hospital;
- (6) Tabulation of Loss of Income;
- (7) Payslips (September, October, November, December and January 2021);
- (8) Rental Receipt from 30 Jan 2021 to 1 Mar 2021;
- (9) Towing Receipt;
- (10) Our client's Police report;
- (11) Third Party GIA and receipt;
- (12) LTA search; and
- (13) X Ray & Injury photos.

Details of our client's loss and expenses are stated as follows:

a) Pain and Suffering	: S\$	100,000.00
b) Loss of Earning Capacity	: S\$	100,000.00 To
c) Future Medical Expenses	: S\$	be assessed
d) Medical Expenses & continuing	: S\$	1,201.47
e) Transport Expenses & continuing	: S\$	180.00
f) Loss of Incentives and Overtime during MC period	: S\$	4,886.28
g) Pre Trial Loss of Earnings & continuing	: S\$	To be assessed
h) Accommodation expenses during MC period	: S\$	500.00
i) Towing from Traffic Police compound	: S\$	70.00
j) Medical report fee	: S\$	320.00
k) LTA search / GIA report fee	: S\$	36.49
l) Public Trustee fee	: S\$	225.00
m) Incidentals	: S\$	200.00
n) Costs (at this stage)	: S\$	20,000.00
Total	: S\$	227,619.24

In compliance with the pre-action protocol under the State Courts' Practice Direction 38, we propose using the medical practitioner who treated our client as a single joint expert.

Please 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. If you wish to have our client examined by your own medical expert, this should be stated in your acknowledgment of receipt together with your proposal on where and when will the examination of our client is to take place so we may take our client's instructions. Please note that we would assume that you/your insurer has no interest in conducting medical examination if the request is not made within the timeline stated above.

In additional to the above, please note that you or your insurer should send to us an acknowledgement of receipt to us within 14 days of your receipt of this letter. Should you/your insurer 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.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

If you have a counterclaim against our client arising out of the accident, please 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.

If you are not the driver at the material time or any of your particulars above are inaccurate, please notify us by furnishing all particulars below within the next seven (7) days by mail / by email (joe@axalt.sg) : -

- 1) Driver's name & NRIC No.:
- 2) Driver's address:
- 3) whether the driver was driving as your servant/employee or agent at the point of accident?
- 4) whether the driver was an authorized driver?

TAKE NOTICE that there is a presumption in law that the driver was driving as your servant/employee or agent if we do not hear from you within the next seven (7) days from the date hereof.

Yours faithfully



AXALT LAW LLC

Encl



**Sengkang
General Hospital**
SingHealth

Tel: (65) 6930 6003
Fax:
Sengkang General Hospital
Singapore 544886

Reg No: 201220357K

Our Ref : MR/01033/2021/202101687

Your Ref: PL20114

Date : 02-03-2021

Tel :

Fax : -

AMARICK GILL & CO
317 OUTRAM ROAD #01-36
HOLIDAY INN ATRIUM
SINGAPORE 169075

Attn : OFFICER IN CHARGE

**PAYMENT FOR COMPLETION OF SPECIALIST MEDICAL REPORT ON
MOHD SAIFULLAH BIN ZAINAL ABIDIN HRN : G8666236T.**

We acknowledge received payment cheque OCBC 000123 dated 02-03-2021 of \$210.00.

Thank you.

Yours faithfully

NORIANI HAPDILAH
Health Information Management Services
Medical Reports Section



**Sengkang
General Hospital**
SingHealth

Tel: (65) 6930 6003

Fax:

Sengkang General Hospital

Singapore 544886

Reg No: 201220357K

GST Reg No: M9-0368910-N

Health Information Management Services

Medical Reports Section

Payment Receipt/Tax Invoice

Invoice No : MR/0001313/2021 **Date** : 02-03-2021
Payee's Name : AMARICK GILL LLC - OFFICE ACCOUNT
Address : 317 OUTRAM ROAD #01-36
HOLIDAY INN ATRIUM
SINGAPORE 169075
Requestor : AMARICK GILL & CO **Our Ref** : MR/01033/2021/202101687
Patient : MOHD SAIFULLAH BIN **Your Ref** : PL20114
ZAINAL ABIDIN
HRN : G8666236T **Currency** : SGD
Payment Mode : CHEQUE
Bank : OCBC
Cheque/Card No : 000123

S/No	Description	Qty	Unit Price SGD	Total Price SGD
1	SPECIALIST MEDICAL REPORT	1	\$196.26	\$196.26
Sub-Total				\$196.26
7 % GST				\$13.74
Total Amount Payable				\$210.00
Amount Received (MRPERT/16246/2021)				\$210.00
Balance Amount				\$0.00

This is a system generated receipt. No signature is required.

Transfer to a bank locally

FAST Payment

1. [Quick Guide to creating a FAST Payment](#)

2. With effect from 29 June 2020, the old BIC (SCBLSGSG) and Bank Code (7144) will be decommissioned. For transactions involving a transfer of funds to Standard Chartered Bank (Singapore) Limited accounts via Fast and Secure Transfers (FAST), please use Standard Chartered Bank (S) Ltd (SCBLSG22) instead. Please use the new BIC for your funds transfers now.

3. From 15 April 2019, you will be required to make changes to the instructions for any FAST Payment /Payroll/Management Payroll/Collection/Upload File transaction sent to a Citibank account and ensure that you use the correct Citibank Bank Identifier Code (BIC)/bank number. [Read now on what you need to do.](#)

4. [List of scheduled maintenance for FAST participating banks](#)

Success!

Your request has been approved

OCBC reference no. SG3P220211910249

Created on 11 Feb 2022, 10:47 AM

From	To
Your Account 687824227001 - SGD AMARICK GILL LLC - OFFICE ACCOUNT	Payee Bank or Non-bank Financial Institution DBS BANK LTD
Value Date 11 Feb 2022	Payee Account No. 0039208510
Amount 110.00 SGD	Payee Name SENGKANG GENERAL HOSPITAL PTE LTD
Same day payment	
Value Time 11 Feb 2022 IMMEDIATE	
Purpose Code and Description FCPM - Payment of Fees & Charges	

Other Details *(optional)*

Your Reference No.
JCPI.20114-MRFEE

Payment Details
202200814-OMR FEE

Important Note:

- (1) The transaction will be processed as a MEPS payment if the amount is more than S\$200,000.
- (2) The "Payee Name" field is for reference only. The payee's bank will process your request solely based on the payee's account number.
- (3) Please check the status of your transaction to make sure that it has been successfully processed.
- (4) Please note that the Recurring function for FAST Payment is not working. We apologise for the inconvenience caused and are working to resume the service.

Better Health Together

Our Ref: MR/00720/2022 [Lawyers]
Your Ref: PDPI.20114

21 April 2022

Amarick Gill LLC | Advocates & Solicitors
Commissioner for Oaths
317, Outram Road | #01-36, Holiday Inn Atrium
Singapore 169075

Dear Sir/Madam,

ORDINARY REPORT FOR MOHD SAIFULLAH BIN ZAINAL ABIDIN G8666236T

Mr Mohd Saifullah was first reviewed at Sengkang General Hospital (SKH) Orthopaedic Hand Surgery clinic on 3rd February 2021. He presented following a road traffic accident on his way home from work on 29th January 2021, where the motorcycle he was riding on collided with a car.

He sustained comminuted fracture of the left distal radius with intra-articular extension and volar angulation, as well as a displaced fracture of the left ulnar styloid. He was counselled for conservative versus surgical management of his fracture, and advised that surgical management will best be able to correct the fracture to reduce future risk of post-traumatic osteoarthritis and stiffness.

On his most recent clinic on 3rd March 2021, the repeated x-ray showed further collapse of the fracture with volar angulation and step. Mr Mohd Saifullah was still keen for conservative management of the fracture with cast. He was advised that there will be a reduced range of motion, strength and risk of post-traumatic osteoarthritis.

His next clinic follow up was scheduled on 30th March 2021 but he defaulted the appointment and have not been followed up since.

Thank you.

Yours sincerely,



Dr Yow Pei Shi Lina
Medical Officer
Department of Orthopaedic Surgery
Sengkang General Hospital

On behalf of
Dr Muntasir Mannan Choudhury
Consultant
Department of Orthopaedic Surgery
Sengkang General Hospital



Better Health Together

Our Ref: MR/00720/2022 [Lawyers]

Your Ref: PDPI.20114

16 March 2022

Amarick Gill LLC
Advocates & Solicitors
Commissioner for Oaths
317, Outram Road
#01-36, Holiday Inn Atrium
Singapore 169075

Dear Sir/Madam,

ORDINARY REPORT FOR MOHD SAIFULLAH BIN ZAINAL ABIDIN G8666236T

Mr Mohd Saifullah was first reviewed at Sengkang General Hospital Orthopaedic Hand Surgery clinic on the 23/2/2021. He presented following a road traffic accident on his way home from work on 29th January 2021, where the motorcycle he was riding on collided with a car.

He sustained a left distal clavicle fracture, confirmed radiological. On examination, he denies any pain and his range of movement of his left shoulder was full. The repeated x-ray on the 23rd February 2021 showed good fracture healing.

No permanent disability was sustained. He was provided with an open date clinic follow up.

Thank you.

Yours sincerely,



Dr Yow Pei Shi Lina
Medical Officer
Department of Orthopaedic Surgery
Sengkang General Hospital

On behalf of
A/Prof Inderjeet Singh Rikhranj
Senior Consultant
Department of Orthopaedic Surgery
Sengkang General Hospital



EDTU DISCHARGE SUMMARY

PATIENT PARTICULARS	ADMISSION INFORMATION
Account: 8121303264Z	Admission Date: 30 Jan 2021 04:07
Name: MOHD SAIFULLAH BIN ZAINAL, ABIDIN	Discharge Date:
MRN: G8666236T	Principal Doctor: Kularathne Sembukuttige Yudara
Sex/Date of Birth/Race: Male/15 Feb 1987/Malay	Location: WQOW-0001-04
Address: Blk 17 #02-01 KALLANG JUNCTION Singapore 339274	

PATIENT'S COPY

Main Diagnosis

Primary Diagnosis: Laceration
forehead

Secondary Diagnosis: Closed fracture
left

Discharge Drugs

Order Name	Dosage	Frequency	Duration	Prescribed By
Paracetamol Tablet	1 g	QDS	1 weeks	Tee John Ee
Tramadol HCl Capsule/Tablet	50 mg	TDS	1 weeks	Tee John Ee
MetoCLOPramide HCl Tablet	10 mg	TDS	1 weeks	Tee John Ee

Disposition

Disposition	Disposition Date/Time	Disposition By	Condition on Disposition
Treated and Discharged	30 Jan 2021 12:41	Doctor Tee John Ee	Stable

Referral

Referral Letter, To: Polyclinic, 1 week
 Referral Letter, To: SOC, Dental, 1 week
 Referral Letter, To: SOC, Hand Surgery, Others (Please Specify); 3/2/2021 Dr Muntasir Mannan Chaudhary PM Clinic (forcebook)

Medical Certificate

MC Type: Hospitalization Leave - 30 Jan 2021 to 12 Feb 2021

**This report may be incomplete as patient is not discharge yet.*

REFERRAL LETTER TO POLYCLINIC

Referral to: Doctor on Duty

Kindly see the following patient:

Account 8121303264Z MRN G8666236T Registration Date 30 Jan 2021 04:07
Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN Sex/Date of Birth/Race Male/15 Feb 1987/Malay
Address Blk 17 #02-01 KALLANG JUNCTION Singapore 339274
Allergy No Known Allergies

Appointment Request

1 week

Referral Remarks

Greetings

Thank you for seeing this patient

Alleged RTA
attained laceration wound over forehead
done T&S - total 8 sutures
kindly STO

tq

HPI

Chief Complaint:

MIP

Mohd Saifullah Bin Zainal Abidin
G8666236T
33/M
NKDA

No significant PMHx

HOPC
BIBA

1. RTA - motorcyclist VS Car
 - Accident around 2245
 - Patient was Motorcyclist travelling roughly 50kmh
 - Car in front turned right into his lane
 - He could not brake in time, hit side of car head on
 - Not flung
 - Helmet hit car, visor broke but rest of helmet intact
 - then fell down
 - No LOC
 - Post accident able to stand
 - Forehead pain and left wrist pain
 - Unable to move left wrist
 - Called ambulance and brought to SKH

On Examination
H S1/2
L clear
A SNT
C supple

Head:

5cm curved deep laceration over forehead, bleeding
No Raccoon/Battle's sign/hemotympanum
small lacerations over upper and lower lip

REFERRAL LETTER

Kindly see the following patient:

Account 8121303264Z MRN G8666236T Registration Date 30 Jan 2021 04:07
Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN Sex/Date of Birth/Race Male/15 Feb 1987/Malay
Address Blk 17 #02-01 KALLANG JUNCTION Singapore 339274

Multiple chipped incisors upper and lower teeth
Upper dentures broken

Chest compression: non-tender
Abdomen: soft, non-tender
pelvic compression: non-tender

Spine:
cervical spine: No midline tenderness
thoracic spine: no midline or paraspinal tenderness
lumbar spine: no midline or paraspinal tenderness

Upper limbs:
bilateral shoulders: ROM full, non-tender
bilateral elbows: ROM full, non-tender
Right wrist: ROM full, non-tender, Left wrist tender, deformed, unable to ROM
bilateral hands and fingers: ROM full, non-tender

Lower limbs:
bilateral hips: ROM full, non-tender
bilateral knees: ROM full, non-tender, abrasion over left knee
bilateral ankles: ROM full, non-tender
bilateral feet: ROM full, non-tender

Impression
1. RTA Cx left wrist fracture and forehead laceration

Plan
Bloods
XR
CTB
POCUS - Dr Lee SY will do
Analgesia
T&S forehead wound
IM ATT

CPOE Test & Results

Radiology

Orders pending results

Order Name	Ordered Date
Knee X-ray, Left, AP and Lat	30 Jan 2021 04:44

REFERRAL LETTER

Kindly see the following patient:

Account 8121303264Z MRN G8666236T Registration Date 30 Jan 2021 04:07
Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN Sex/Date of Birth/Race Male/15 Feb 1987/Malay
Address Blk 17 #02-01 KALLANG JUNCTION Singapore 339274

Treatment

Time Prescribed	Order Name	Duration	Frequency	Dosage	Performed By	Prescribed By
30 Jan 2021 06:03	Tetracycline HCl 3% Ointment		Once	1 application	Nurse Ashraf Ali Khan Bin Akhbar Kha (08:38)	Doctor Ruban A/L Dayalan
30 Jan 2021 09:20	Tramadol HCl Injection		Once	50 mg	Nurse Wong Yee Jing (10:11)	Doctor Tee John Ee
30 Jan 2021 09:20	MetoCLOPramide HCl Injection		Once	10 mg	Nurse Wong Yee Jing (10:10)	Doctor Tee John Ee

Providers Progress Note

Progress Note

Time Taken	Progress Note	Entered by
30 Jan 2021 04:55	reviewed patient RTA done T&S over forehead done MNR with backslab over left UL CT done - no bleed pelvic and chest XR - no obvious # admitted under MIP currently pain controlable - refused analgesia noted patient complain pain over Left knee on examination noted, bruises and limited ROM due to pain, no active bleed still able to ambulate no other complain	Ruban A/L Dayalan
30 Jan 2021 07:14	imp 1. Left forehead laceration 2. Both lower incisors tooth # 3. Left barton's smith # reviewed with Dr. Yudara noted pain improving noted cast over Left arm too tight patient feeling numbness crt less 2 sec ROM full	Ruban A/L Dayalan

REFERRAL LETTER

Kindly see the following patient:

Account 8121303264Z MRN G8666236T Registration Date 30 Jan 2021 04:07
Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN Sex/Date of Birth/Race Male/15 Feb 1987/Malay
Address Blk 17 #02-01 KALLANG JUNCTION Singapore 339274

30 Jan 2021 08:16 s/t Dr Nicole @ 9150 6687 Ruban A/L Dayalan
-noted case and progress
- to give TCU Dental 1 week , will manage as out patient

s/t Dr Christopher (ortho MO1)
- noted case and progress
- requested ortho input regarding barton's # and kiv for ORIF
-noted , patient detail send through tiger text

30 Jan 2021 08:24 EDTU AM Tee John Ee
s/b Dr Ting BP

no neck pain
no new pain

O/E:
alert

neck supple
no midline cervical tenderness

abdo soft non tender

pelvic non tender

left wrist deformity noted
no open wound

Management Plan

Time Taken	Management Plan	Entered by
30 Jan 2021 04:55	1. regular analgesia 2 for XR of left knee- tro # 3 to get Dental rv cm	Ruban A/L Dayalan
	DC plan 1 TCU ortho hot clinic 1 week for # 2 TCU OPS for STO 3 HL 4 analgesia	
30 Jan 2021 07:14	1. remove bandage 2 for ortho rv and decide 3 to call dental for rv	Ruban A/L Dayalan
30 Jan 2021 08:24	Plan: await Ortho review	Tee John Ee
	noted dental appt	

Physician Shift Change

REFERRAL LETTER

Kindly see the following patient:

Account 8121303264Z MRN G8666236T Registration Date 30 Jan 2021 04:07
 Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN Sex/Date of Birth/Race Male/15 Feb 1987/Malay
 Address Blk 17 #02-01 KALLANG JUNCTION Singapore 339274

Time Taken	Pending Items	Physician Name	Transfer Sign out Date/Time	Planned Disposition
30 Jan 2021 08:24		Tee John Ee	30 Jan 2021 08:26	

Nurse Progress Note

Vital Signs

	Time Taken	Temperature	Pulse (/Min)	Resp. Rate (/Min)	BP (/mmHg)	SaO2 (%)	FIO2 (%)	PEFR (L/Min)	Pain Score
(Initial)	30 Jan 2021 04:42	37.2	86	17	128 / 79	98	0	0	3
(Last)	30 Jan 2021 11:00		72	17	112 / 79	99			

Glasgow Coma Scale

	Time Taken	Eyes Open Score	Best Verbal Response Score	Best Motor Response Score	Glasgow Coma Score
(Initial)	30 Jan 2021 04:42	4	5	6	15
(Last)	30 Jan 2021 11:00				

Main Diagnosis

Primary Diagnosis: Laceration forehead

Secondary Diagnosis: Closed fracture left

Disposition

Disposition	Disposition Date/Time	Disposition By	Condition on Disposition
		Doctor Tee John Ee	

Referral

Referral Letter, To: Polyclinic, 1 week
 Referral Letter, To: SOC, Dental, 1 week
 Referral Letter, To: SOC, Hand Surgery, Others (Please Specify); 3/2/2021 Dr Muntasir Mannan Chaudhary PM Clinic (forcebook)

Providers

Consultant In Charge	Visit Provider
Doctor Kularathne Sembukuttige Yudara / dr16093h	Doctor Tee John Ee / dr61979e
Doctor Lee Shu Yu / dr14681a	Doctor Lee Shu Yu / dr14681a

REFERRAL LETTER

Kindly see the following patient:

Account	8121303264Z	MRN	G8666236T	Registration Date	30 Jan 2021 04:07
Name	MOHD SAIFULLAH BIN ZAINAL, ABIDIN			Sex/Date of Birth/Race	Male/15 Feb 1987/Malay
Address	Blk 17 #02-01 KALLANG JUNCTION Singapore 339274				

Please refer to A&E Clinical Documents

TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QOPNHAL / FB / 03.02.2021 1241 hrs / Page 1 of 2

MOHD SAIFULLAH BIN ZAINAL ABIDIN	Tax Invoice Number : Q221063826H0001
991 BUANGKOK LINK	Bill Ref Number : Q221063826H-0001-01
#02-09	Tax Invoice Date : 03.02.2021 1241 hrs
SINGAPORE 530991	Patient NRIC/HRN : G8666236T
Patient : MOHD SAIFULLAH BIN ZAINAL ABIDIN	Visit Date : 03.02.2021 1129 hrs
	Visit / Bill Location : QXDEN / QXDEN / DEN
	Payment Class : FR
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(\$)
	PROFESSIONAL FEES - DOCTOR	Subtotal	40.00
CFDO	DENTAL - INITIAL VISIT	1	40.00
	DENTAL TREATMENT	Subtotal	146.50
CD2	STERILE SUPPLIES - OUTPATIENT	1	9.50
TLA162	FILLING INTERIM THERAPEUTIC RESTORATION	2	40.00
XRA013A	XRAY-ORTHOPANTOMOGRAM, STD	1	50.00
XRE002	XRAY-DTL, PERIAPICAL	1	23.50
XRE002	XRAY-DTL, PERIAPICAL	1	23.50
	Subtotal Charges		186.50
	Total Charges Payable		186.50
AMOUNT PAYABLE BEFORE TAX			186.50
ADD : 7 % GST			13.04
AMOUNT PAYABLE AFTER TAX			199.54
NET AMOUNT PAYABLE			199.54
MOHD SAIFULLAH BIN ZAINAL ABIDIN			199.54
PAYMENT			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			0.00
AMOUNT DUE FROM			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			199.54
ST: FW G8666236T			
First Consultation - with referral			
*** You are served by NUR HIDAYAH BINTE ABDUL LATIF ***			

"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE : Login to mycpf online services with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg>>> FAQ >> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS : Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan."

Please settle payment immediately through e-Payment at www.singhealth.com.sg/PayOnline, SingHealth Health Buddy App, HealthHub App, AXS m-Station, AXS at www.axs.com.sg, SAM at www.mysam.sg, DBS PayLah! or DBS/POSB Internet Banking; Kiosk payment services at AXS stations and SAM Self Service Automated Machines; Counter payment services at Singapore Post Office Branches.

The Institution shall be entitled at its discretion to offset any credit balance under the relevant bill against any liability of the patient in respect of any other bill(s) before making a refund. Refund will be ready approximately one month from final bill. For payment matters, please email us at payment@1fss.com.sg.



TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QOPNHAL / FB / 03.02.2021 1241 hrs / Page 2 of 2

MOHD SAIFULLAH BIN ZAINAL ABIDIN

991 BUANGKOK LINK

#02-09

SINGAPORE 530991

Patient : MOHD SAIFULLAH BIN ZAINAL ABIDIN

Tax Invoice Number : Q221063826H0001

Bill Ref Number : Q221063826H-0001-01

Tax Invoice Date : 03.02.2021 1241 hrs

Patient NRIC/HRN : G8666236T

Visit Date : 03.02.2021 1129 hrs

Visit / Bill Location : QXDEN / QXDEN / DEN

Payment Class : FR

Type of Supply : Cash/Credit

Please attach this portion to your cheque payment

G8666236T 03.02.2021 Q221063826H0001 Amt Due \$ 199.54



MOHD SAIFULLAH BIN ZAINAL ABIDIN

TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QOPNJA1 / FB / 03.02.2021 1514 hrs / Page 1 of 1

MOHD SAIFULLAH BIN ZAINAL ABIDIN	Tax Invoice Number : Q221063445I0001
991 BUANGKOK LINK	Bill Ref Number : Q221063445I-0001-01
#02-09	Tax Invoice Date : 03.02.2021 1514 hrs
SINGAPORE 530991	Patient NRIC/HRN : G8666236T
Patient : MOHD SAIFULLAH BIN ZAINAL ABIDIN	Visit Date : 03.02.2021 1419 hrs
	Visit / Bill Location : QCL3 / QCL3 / HND
	Payment Class : FR
	Type of Supply : Cash/Credit


SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
	PROFESSIONAL FEES - DOCTOR	Subtotal	119.00
76000306	CONS - INITIAL VISIT	1	119.00
	CONSUMABLES	Subtotal	6.00
60009093	CAST ROLL	1	6.00
	CLINIC/WARD PROCEDURES	Subtotal	77.90
75070852	BACKSLAB/LIMB FULL CAST W/O MAT.	1	77.90
	Subtotal Charges		202.90
	Total Charges Payable		202.90
AMOUNT PAYABLE BEFORE TAX			202.90
ADD : 7 % GST			14.20
AMOUNT PAYABLE AFTER TAX			217.10
NET AMOUNT PAYABLE			217.10
MOHD SAIFULLAH BIN ZAINAL ABIDIN			217.10
PAYMENT			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			0.00
AMOUNT DUE FROM			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			217.10
ST: FW G8666236T			
First Consultation - with referral			
*** You are served by NURULFAREHA BINTI JAILANI ***			

"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE : Login to mycpf online services with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg>>> FAQ >> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS : Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan."

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The Institution shall be entitled at its discretion to offset any credit balance under the relevant bill against any liability of the patient in respect of any other bill(s) before making a refund. Refund will be ready approximately one month from final bill. For payment matters, please email us at payment@1fss.com.sg.

Please attach this portion to your cheque payment

G8666236T	03.02.2021	Q221063445I0001	Amt Due \$	217.10	
MOHD SAIFULLAH BIN ZAINAL ABIDIN					



TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QOPTAX / FB / 11.02.2021 1113 hrs / Page 1 of 1

MOHD SAIFULLAH BIN ZAINAL ABIDIN	Tax Invoice Number : Q221063445I0002
991 BUANGKOK LINK	Bill Ref Number : Q221063445I-0002-01
#02-09	Tax Invoice Date : 11.02.2021 1113 hrs
SINGAPORE 530991	Patient NRIC/HRN : G8666236T
Patient : MOHD SAIFULLAH BIN ZAINAL ABIDIN	Visit Date : 11.02.2021 0942 hrs
	Visit / Bill Location : QCL3 / QCL3 / HND
	Payment Class : FR
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
	<u>PROFESSIONAL FEES - DOCTOR</u>	Subtotal	87.00
76000407	CONS - REPEAT VISIT	1	87.00
	<u>CONSUMABLES</u>	Subtotal	6.00
60009093	CAST ROLL	1	6.00
	<u>CLINIC/WARD PROCEDURES</u>	Subtotal	120.10
60000107	DRESSING I/STO I	1	42.20
75070852	BACKSLAB/LIMB FULL CAST W/O MAT.	1	77.90
	Subtotal Charges		213.10
	Total Charges Payable		213.10
AMOUNT PAYABLE BEFORE TAX			213.10
ADD : 7 % GST			14.91
AMOUNT PAYABLE AFTER TAX			228.01
NET AMOUNT PAYABLE			228.01
MOHD SAIFULLAH BIN ZAINAL ABIDIN			228.01
PAYMENT			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			0.00
AMOUNT DUE FROM			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			228.01
ST: FW G8666236T			
*** You are served by JASMINE THAM AI XING ***			

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Please attach this portion to your cheque payment

G8666236T 11.02.2021 Q221063445I0002 Amt Due \$ 228.01
MOHD SAIFULLAH BIN ZAINAL ABIDIN





TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QOPNJA1 / FB / 23.02.2021 1210 hrs / Page 1 of 2

MOHD SAIFULLAH BIN ZAINAL ABIDIN	Tax Invoice Number : Q221067827H0001
991 BUANGKOK LINK	Bill Ref Number : Q221067827H-0001-01
#02-09	Tax Invoice Date : 23.02.2021 1210 hrs
SINGAPORE 530991	Patient NRIC/HRN : G8666236T
Patient : MOHD SAIFULLAH BIN ZAINAL ABIDIN	Visit Date : 23.02.2021 1006 hrs
	Visit / Bill Location : QCL3 / QCL3 / OTO
	Payment Class : FR
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
	PROFESSIONAL FEES - DOCTOR	Subtotal	137.00
76000104	SNR CONS - INITIAL VISIT	1	137.00
	X-RAY INVESTIGATIONS	Subtotal	68.70
15001805	Clavicle X-ray, Left, AP and Axial (Inf-Sup) View	1	68.70
	CONSUMABLES	Subtotal	12.00
60009093	CAST ROLL	2	12.00
	CLINIC/WARD PROCEDURES	Subtotal	77.90
75070852	BACKSLAB/LIMB FULL CAST W/O MAT.	1	77.90
	Subtotal Charges		295.60
	Total Charges Payable		295.60
AMOUNT PAYABLE BEFORE TAX			295.60
ADD : 7 % GST			20.69
AMOUNT PAYABLE AFTER TAX			316.29
NET AMOUNT PAYABLE			316.29
MOHD SAIFULLAH BIN ZAINAL ABIDIN			316.29
PAYMENT			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			0.00
AMOUNT DUE FROM			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			316.29
ST: FW G8666236T			
First Consultation - with referral			
*** You are served by NURULFAREHA BINTI JAILANI ***			

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TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QOPNJA1 / FB / 23.02.2021 1210 hrs / Page 2 of 2

MOHD SAIFULLAH BIN ZAINAL ABIDIN

991 BUANGKOK LINK

#02-09

SINGAPORE 530991

Patient : MOHD SAIFULLAH BIN ZAINAL ABIDIN

Tax Invoice Number : Q221067827H0001

Bill Ref Number : Q221067827H-0001-01

Tax Invoice Date : 23.02.2021 1210 hrs

Patient NRIC/HRN : G8666236T

Visit Date : 23.02.2021 1006 hrs

Visit / Bill Location : QCL3 / QCL3 / OTO

Payment Class : FR

Type of Supply : Cash/Credit

Please attach this portion to your cheque payment

G8666236T 23.02.2021 Q221067827H0001 Amt Due \$ 316.29

MOHD SAIFULLAH BIN ZAINAL ABIDIN





TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QOPNJA1 / FB / 03.03.2021 1444 hrs / Page 1 of 1

MOHD SAIFULLAH BIN ZAINAL ABIDIN	Tax Invoice Number : Q221063445I0003
991 BUANGKOK LINK	Bill Ref Number : Q221063445I-0003-01
#02-09	Tax Invoice Date : 03.03.2021 1444 hrs
SINGAPORE 530991	Patient NRIC/HRN : G8666236T
Patient : MOHD SAIFULLAH BIN ZAINAL ABIDIN	Visit Date : 03.03.2021 1133 hrs
	Visit / Bill Location : QCL3 / QCL3 / HND
	Payment Class : FR
	Type of Supply : Cash/Credit


SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
	PROFESSIONAL FEES - DOCTOR	Subtotal	87.00
76000407	CONS - REPEAT VISIT	1	87.00
	X-RAY INVESTIGATIONS	Subtotal	53.90
15002705	Wrist X-ray, Left, PA and Lateral	1	53.90
	CONSUMABLES	Subtotal	6.00
60009093	CAST ROLL	1	6.00
	CLINIC/WARD PROCEDURES	Subtotal	77.90
75070852	BACKSLAB/LIMB FULL CAST W/O MAT.	1	77.90
	Subtotal Charges		224.80
	Total Charges Payable		224.80
AMOUNT PAYABLE BEFORE TAX			224.80
ADD : 7 % GST			15.73
AMOUNT PAYABLE AFTER TAX			240.53
NET AMOUNT PAYABLE			240.53
MOHD SAIFULLAH BIN ZAINAL ABIDIN			240.53
PAYMENT			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			0.00
AMOUNT DUE FROM			
MOHD SAIFULLAH BIN ZAINAL ABIDIN			240.53
ST: FW G8666236T			
*** You are served by NURULFAREHA BINTI JAILANI ***			

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Please attach this portion to your cheque payment

G8666236T	03.03.2021	Q221063445I0003	Amt Due \$	240.53	
MOHD SAIFULLAH BIN ZAINAL ABIDIN					



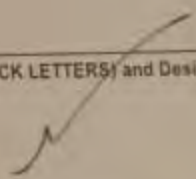
ORIGINAL

MEDICAL CERTIFICATE

Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN		NRIC No. G8666236T
This is to certify that the above-named is unfit for duty for a period of <u>14</u> days from <u>30-Jan-2021</u> to <u>12-Feb-2021</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave Admitted on : <u>30-Jan-2021</u> Discharged on : _____ <input type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave, <input type="checkbox"/> Sterilization Leave, Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Sengkang General Hospital	Ward No. SKH-EM DIAGNOSTICS & TRMT Unit Date 30-Jan-2021	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  TEE JOHN EE , 61979E

ORIGINAL

MEDICAL CERTIFICATE

Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN		NRIC No. G8666236T
This is to certify that the above-named is unfit for duty for a period of <u>21</u> days from <u>11-Feb-2021</u> to <u>03-Mar-2021</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	Delivered on : _____ Operated on : _____
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	
Discharged on : _____	<input type="checkbox"/> Sterilization Leave.	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit : _____ Time in : <u>N.A.</u> Time out : <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Hand Surgery Sengkang General Hospital	Ward No. SKH-MC-L3 CLINIC Date 11-Feb-2021	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  MUNTASIR MANNAN CHOUDHURY , 13474J

ORIGINAL

MEDICAL CERTIFICATE

HND202127641

Name MOHD SAIFULLAH BIN ZAINAL ABIDIN		MROC No. G8666236T
This is to certify that the above-named is unfit for duty for a period of <u>31</u> days from <u>03-Mar-2021</u> to <u>02-Apr-2021</u> inclusive.		
Type of medical leave granted:		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments		
Hospital/Clinic Hand Surgery Sengkang General Hospital	Ward No. SKH-MC-L3 CLINIC Date 03-Mar-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  MUNTASIR MANNAN CHOUDHURY, 13474J

	Home Delivery Incentive	Overtime (OT)	Total
September	Home Leave		
October	\$ 1,206.60	\$ 188.02	\$ 1,394.62
November	\$ 1,814.90	\$ 220.61	\$ 2,035.51
December	\$ 1,551.70	\$ 167.34	\$ 1,719.04
January	\$ 2,403.90	\$ 513.30	\$ 2,917.20

MC Period:

30/1/2021 to 2/4/2021 **63** days

Avg Incentive & OT / mth: \$ 2,016.59

Avg Incentive & OT / day: \$ 77.56

Loss of Income: 63 days x \$77.56

Total = \$ 4,886.28



MOHD SAIFULLAH BIN ZAINAL ABIDIN



Print

Pizza Hut (S) Pte Ltd

Dept: 7 -> 307 - JALAN KAYU -> Payslip for: 1 Sep 2020 to 30 Sep 2020

Name: MOHD SAIFULLAH BIN ZAINAL ABIDIN EMP ID: 8666236

Pay Method: Bank [717]-081-441993706 Payment Date: 28 Sep 2020

Payment	Amount	Deduction	Amount
Salary	956.00	MBMF	3.00
HANDPHONE ALLOWANCE	20.00	CURRENT MONTH NO PAY LEAVE (15 days x \$41.000 per days)	615.00
HOUSING ALLOWANCE	150.00	ACCOMMODATION DEDUCTION	358.75
LAUNDRY	20.00	PCR SWAB TEST DEDUCTION	93.00
SERVICE ALLOWANCE	40.00		
S/R ALLOWANCE-1	30.00		
Total Payment	1,216.00	Total Deduction	1,069.75
		NetL Payment	146.25
		ER CPF	0.00

Remarks		Current	MTD
MUC=10%. Amount=\$95.60	CPF Wage	0.00	0.00
Overtime period: 16 Aug 2020 to 15 Sep 2020.	EE CPF	0.00	0.00
	ER CPF	0.00	0.00
	Gross Wage	1,216.00	1,216.00
	NetL Payment	146.25	146.25



Print

Pizza Hut (S) Pte Ltd

Dept: 1 -> 301 - JALAN HAYU -> Payslip for: 1 Oct 2020 to 31 Oct 2020

Name: MOHD SAIFULLAH BIN ZAINAL ABIDIN EMP ID: 8666236

Pay Method: Bank [1111-081-441993706] Payment Date: 28 Oct 2020

Payment	Amount	Deduction	Amount
Salary	956.00	MBMF	6.50
OT LSC (25 hr x \$7.521 per hr)	188.02	NPL DEDUCTION	533.00
HOME DEL INCENTIVE	1,206.60	ACCOMMODATION DEDUCTION	262.50
HANDPHONE ALLOWANCE	20.00		
HOUSING ALLOWANCE	150.00		
LAUNDRY	20.00		
SERVICE ALLOWANCE	40.00		
S/R ALLOWANCE-1	30.00		
Total Payment	2,610.62	Total Deduction	802.00
		Nett Payment	<u>1,808.62</u>
		ER CPF	0.00

Remarks		Current	MTD
MUC=10%, Amount=\$95.60	CPF Wage	0.00	0.00
OverTime period: 16 Sep 2020 to 15 Oct 2020	EE CPF	0.00	0.00
	ER CPF	0.00	0.00
	Gross Wage	2,610.62	2,610.62
	Nett Payment	1,808.62	1,808.62





Print

Pizza Hut (S) Pte Ltd

Dept: 1 -> 301 - JALAN KAYU -> Payslip for: 1 Nov 2020 to 30 Nov 2020

Name: MOHD SAIFULLAH BIN ZAINAL ABIDIN EMP ID: 8666236

Pay Method: Bank [1111-081-441993706] Payment Date: 26 Nov 2020

Payment	Amount	Deduction	Amount
Salary	956.00	MBMF	6.50
OT1.00 (7.25 hr x \$5.014 per hr)	36.35	NPL DEDUCTION	533.00
OT1.50 (24.5 hr x \$7.521 per hr)	184.26	ACCOMMODATION DEDUCTION	262.50
INCENTIVE - DOE 31	50.00		
HOME DEL INCENTIVE	1,814.90		
HANDPHONE ALLOWANCE	20.00		
HOUSING ALLOWANCE	150.00		
LAUNDRY	20.00		
SERVICE ALLOWANCE	40.00		
S/R ALLOWANCE-1	30.00		
Total Payment	3,301.51	Total Deduction	802.00
		Nett Payment	<u>2,499.51</u>
		ER CPF	0.00

Remarks		Current	MTD
MUC=10%, Amount=\$95.60	CPF Wage	0.00	0.00
Overtime period: 16 Oct 2020 to 15 Nov 2020.	EE CPF	0.00	0.00
	ER CPF	0.00	0.00
	Gross Wage	3,301.51	3,301.51
	Nett Payment	2,499.51	2,499.51



Pizza Hut (S) Pte Ltd

Name of Employee	MOHD SAIFULLAH BIN ZAINAL ABIDIN	Employee Code	P0005437	Identity No	S0000296T
Department		Cost Centre/Outlet	315 - PH BUANGKOK SQUARE	Designation	DELIVERY SERVICE AGENT II STAR
Date of Payment	29-12-2020	Mode of Payment	Bank	Account No	441938706
Period	01-12-2020 - 31-12-2020	MVC (10%)	95.60		

Salary Payment Statement (2020-12)

Basic Salary	S\$	956.00	Fund - MRP	S\$	-11.00
Coordinator Incentive	S\$	50.00	Fund - Mentalis	S\$	-4.00
Home Delivery Incentive	S\$	1,551.70	Accommodation Deduction	S\$	-262.90
HandPhone Allowance	S\$	20.00			
Housing Allowance	S\$	150.00			
Laundry Allowance	S\$	20.00			
Overtime 1.5	S\$	167.34			
22.25 hrs x 1.50 x 5.012986					
Safe Riding Allowance	S\$	30.00			
Service Allowance	S\$	40.00			
Total Pay	S\$	2,985.04	Net Pay	S\$	2,707.54

This is a computer generated payslip. No signature is required.



Pizza Hut (S) Pte Ltd

Name of Employee	MOHD SAIFULLAH BIN ZAINAL ABIDIN	Employee Code	P0005437	Identity No	GXXXX236T
Department		Cost Centre/Outlet	315 - PH BUANGKOK SQUARE	Designation	DELIVERY SERVICE AGENT - STAR
Date of Payment	27-01-2021	Mode of Payment	Bank	Account No	441993705
Period	01-01-2021 - 31-01-2021	MVC (10%)	95.60		

Salary Payment Statement (2021-01)

Basic Salary	S\$	956.00	Fund - MBF	S\$	-13.50
Daily Incentive	S\$	200.00	Fund - Mendaki	S\$	-6.00
Home Delivery Incentive	S\$	2,403.90			
HandPhone Allowance	S\$	20.00			
Housing Allowance	S\$	150.00			
Laundry Allowance	S\$	20.00			
Overtime 1.5	S\$	513.30			
68.25 hrs x 1.50 x 5.0139886					
Public Holiday Management	S\$	74.22			
Safe Riding Allowance	S\$	30.00			
Service Allowance	S\$	40.00			
Total Pay	S\$	4,407.42	Net Pay	S\$	4,387.92

This is a computer generated payslip. No signature is required.

3 DICKSON ROAD 209530

Mainline 63928181

Facsimile 63925337

Official Receipt

Name of Guest/s: MOHD SAIFULLAH BIN ZAINAL ABIDIN

Company's name: PIZZA HUT PTE LTD
(if applicable)

Check-In Date: 30/01/2021 09:32 AM Check-Out Date: 01/03/2021 01:15 PM

	\$500.00
Total Room Charges	\$0.00
Add Other Incidental Charges	\$0.00
Laundry	\$0.00
Sundry	\$0.00
Internet/Phone	\$0.00
Meals	\$0.00
Others	\$424.81
Total Amount Before Service and GST :	\$42.48
Service Charge 10% :	\$32.71
GST 7% :	\$500.00

Total Amount Paid :

Additional Remarks

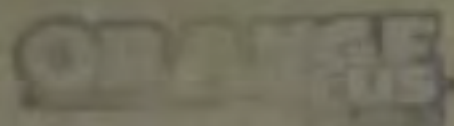
Signature/Date

Staff Name *Cewin*

Hotel 81 Management Pte Ltd (administrative office)
c/o 80 Marine Parade Road #21-01 Parkway Parade Singapore 449269
RBC Regn No: 199409325H
GST Regn No: M9-0001397-P
www.hotel81.com.sg
Reservations & General Inquiries (65) 6363 8181
Facsimile (65) 6346 1970

Terms & Conditions

• Room rates paid are inclusive of 10% Service Charge & Prevailing GST. • Surcharge will apply for early check-in (before 2pm) and / or late checkout (after 11am). • Applicable room rates must be paid in full prior to stay (or at the point of check-in). Room rates paid will not be refunded in event guest wish to shorten or cancel stay. • Hotel reserves the right to check-out guests (with or without notice), without need for explanation whatsoever, subject to refund of paid but unutilised room rates. • Guest may extend stay subject to room availability. • Registered guest is fully liable for all charges incurred in connection with the use of the guestroom, including and without limitation damages to appliances, equipment and fittings etc. • Room Rates may be adjusted without advance notice. • Only Cash, Nets, Credit/Debit cards and cash cards are accepted modes of payment. • Hotel will not be liable for loss of cash or valuable/s kept in the guestroom. Safe deposit boxes are available free of charge to guest upon request. • Hotel does not provide porter services. However if any such services are rendered, then items carried/transferred by hotel staffs is solely at the guest/s own risk only. • Hotel shall not be responsible/liable for lost or damage to guest/s luggage/items (and/or its contents) kept in its premises. Any guest luggage/items left at the hotel must be retrieved within 2 weeks otherwise it will be disposed of accordingly.



Reg No. 3325817L

OFFICIAL RECEIPT

No.:

Date: 16-02-2021

Received from

Cash

the sum of Dollars

seventy only

in payment of

2 way towing services (FBB 4066A Honda Wave 125)

Sfo/xy

Cash / Cheque No:

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 16/02/2021 18:22 (SGT)
Date of Accident 29/01/2021 23:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUANGKOK CRESCENT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBB4066A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MOHD SAIFULLAH BIN ZAINAL ABIDIN
Company Reg No GXXXX236T
Email Address mszamosport@gmail.com
Mobile Phone No (Phone) +60-133006176
Alternative Phone No +60-133006176

VEHICLE PARTICULARS

Manufacturer Honda
Model HONDA / ANF 125MSS A
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5113763942-01
Cover Note Number -

DRIVER

Name of Driver MOHD SAIFULLAH BIN ZAINAL ABIDIN
Company Reg No GXXXX236T
Date Of Birth 15/02/1987
Occupation Outdoor

Date Of Driving Pass	01/10/2018
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +60-133006176
Alt. Phone Number	+60-133006176
Email Address	mszamotosport@gmail.com
Address	3 DICKSON ROAD HOTEL 81
Address complement	-
Postcode	209530
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210131/2018;

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	SHB4959C
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / AE IONIQ HEV FL 1.6 DCT
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	MOHD SAIFULLAH BIN ZAINAL ABIDIN
Address	3 DICKSON ROAD HOTEL 81
Address Complement	-
Post Code	209530
Approximate Age Years Old	33
Injuries Sustained	-
Injured person in which vehicle?	FBB4066A
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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

Sketch Plan

16 FEB 2021

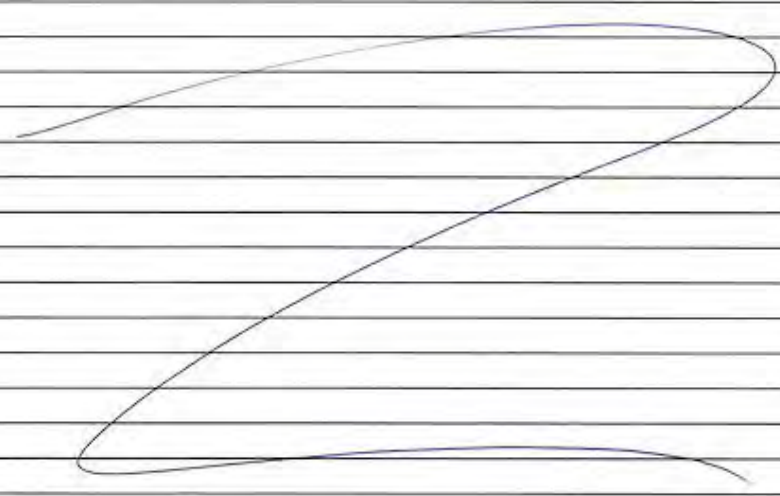


Rfr attached sketch plan

(FBB 4066A)

Describe Circumstances of the Accident

Ref
To Police Report



Declaration

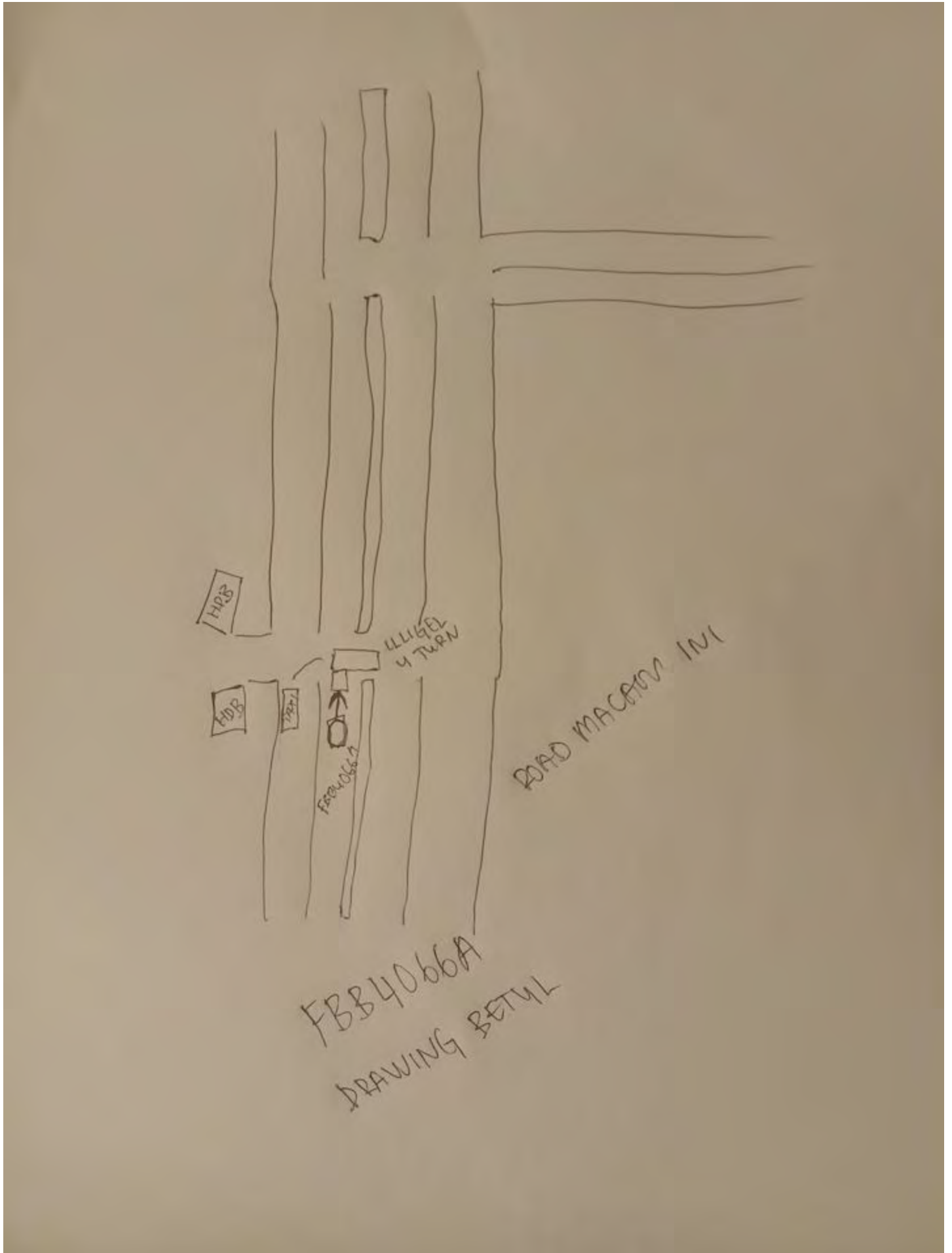
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel
16 FEB 2021





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: N400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0L212G000D Vehicle Registration No: FBB4066A
Name (as shown in NRIC) : MOHD SAIFULLAH BIN ZAINALABIDIN NRIC/FIN/Passport No : G8866236T
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 3 DICKSON ROAD HOTEL 81 Singapore (209530)
Contact (Tel) : _____ Mobile No. : 82330723
Email Address : mszamotosport@gmail.com
Date of Accident : 29/01/2021 Time of Accident : 23:00
Place of Accident : BUANGKOK CRESCENT
Insurance Company : NTUC

(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:

UPDATE; THIRD PARTY PLATE NUMBER AND NEW SKETCH PLAN

FILE BY SITI

Policyholder / Driver's Signature
Date: 16.02.2021

IDAC VICOM KAKI BUKIT

Reporting Centre Personnel's Signature
Name: SITI
NRIC/FIN No.:
Date: 16.02.2021



















**SINGAPORE
POLICE FORCE**



T/20210131/2018

Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No: T/20210131/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2021 09:26	Vide Report No.: F/20210129/0219	Station Diary No.: 21
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Informant's Particulars

Name of Informant: MOHD SAIFULLAH BIN ZAINAL ABIDIN			Address: APT BLK 3 Dickson Road Hotel 81 SINGAPORE		
ID Type / ID No.: FIN NO / G8666236T			Contact No.: Home/Office: Mobile: 60133006176		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 33	Date of Birth: 15/02/1987	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			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: 29/01/2021 23:00	Type of Location: T-Junction
Location: BUANGKOK CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB4066A	Motorcycle	HONDA	ANF 125MSS A	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB4066A	NTUC Income Insurance Co-Operative Limited	5113763942-01	31/10/2020	30/10/2021



**SINGAPORE
POLICE FORCE**



T/20210131/2018

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210131/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD SAIFULLAH BIN ZAINAL ABIDIN	ID No.	G8666236T
Related Vehicle	NIL	Contact No.	60133006176
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2021	Date Discharge	30/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	NIL

Brief Details.

On 29/01/2021 at about 2300hrs. I was riding and on my way back home on a 1 lane road along Buangkok Crescent near Blk 986D. As I was riding straight, there was one taxi that was driving on lane 2. It was a 2 lane road. Without notice he made an illegal U-turn, which caused me to hit him on his driver side and I fell on the ground which caused me injuries. The injuries I sustained were lacerations on my forehead, fracture on my left arm, swelling on the left knee and two broken tooth on the lower jaw. The damages to the bike were broken headlight, front fork, mudguard and some other damages to the front of the bike which I can't recall. The damages to the taxi were dents on the driver side door.



**SINGAPORE
POLICE FORCE**



T/20210131/2018

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No: T/20210131/2018


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: A / Sgt 2 MOHAMED RAFHAN BIN MOHAMED ABDUL KADER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2021 09:26
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:
Authentication Stamp NP168	

Sengkang General Hospital SingHealth		Reg No : 201220357K EMD202113094
ORIGINAL		MEDICAL CERTIFICATE
Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN		NRIC No. G8866236T
This is to certify that the above-named is unfit for duty for a period of <u>14</u> days from <u>30-Jan-2021</u> to <u>12-Feb-2021</u>		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave <input type="checkbox"/> Outpatient Sick Leave		
Admitted on : <u>30-Jan-2021</u> <input type="checkbox"/> Maternity Leave Delivered on : _____		
Discharged on : _____ <input type="checkbox"/> Sterilization Leave Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from : <u>N.A.</u> to <u>N.A.</u>		
Time Chg: Time in : <u>N.A.</u> Time out : <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Sengkang General Hospital		Ward No. SKH-EM DIAGNOSTICS & TRMT Unit Date 30-Jan-2021 Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  TEE JOHN EE , 61979E




ORIGINAL

MEDICAL CERTIFICATE

Reg No: 201220357K

HND202118633

Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN		NRIC No. G8666236T
This is to certify that the above-named is unfit for duty for a period of <u>21</u> days from <u>11-Feb-2021</u> to <u>03-Mar-2021</u> inclusive.		
Type of medical leave granted:		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Fit for night duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments:		
Hospital/Clinic Hand Surgery Sengkang General Hospital	Ward No. SKH-MC-L3 CLINIC Date 11-Feb-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  MUNTASIR MANNAN CHOUDHURY, 13474J



Reg No : 201220357K

ORIGINAL

MEDICAL CERTIFICATE

HND202115038

Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN		NRIC No. G8666236T
This is to certify that the above-named is unfit for duty for a period of <u>9</u> days from <u>03-Feb-2021</u> to <u>11-Feb-2021</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient-Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Out: _____ Time In: <u>N.A.</u> Time Out: <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Hand Surgery Sengkang General Hospital	Ward No. SKH-MC-L3 CLINIC Date 03-Feb-2021	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  MUNTASIR MANNAN CHOUDHURY, 13474J



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: N400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0L212G000D Vehicle Registration No: FBB4066A
 Name (as shown in NRIC) : MOHD SAIFULLAH BIN ZAINALABIDIN NRIC/FIN/Passport No : G8866236T
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 3 DICKSON ROAD HOTEL 81 Singapore (209530)
 Contact (Tel) : - Mobile No. : 82330723
 Email Address : -mszamotosport@gmail.com
 Date of Accident : 29/01/2021 Time of Accident : 23:00
 Place of Accident : BUANGKOK CRESCENT
 Insurance Company : NTUC

(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:

UPDATE; THIRD PARTY PLATE NUMBER AND NEW SKETCH PLAN

FILE BY SITI

Policyholder / Driver's Signature
 Date: 16.02.2021

IDAC VICOM KAKI BUKIT

Reporting Centre Personnel's Signature
 Name: SITI
 NRIC/FIN No.:
 Date: 16.02.2021



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: 31/03/2022

Your Ref No: PI.2200466/MSaifullah

Dear Sir/Madam,

Date of Accident: 29/01/2021 00:00 (SGT)

Vehicle No: FBB4066A

Place of Accident: Buangkok Cres, Singapore

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\$)
SHB4959C	Buangkok Cres, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

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	30/01/2021 09:10 (SGT)
Date of Accident	29/01/2021 22:55 (SGT)
Exact Location of Accident	Buangkok Cres, Singapore
Additional Location Information	OUTSIDE BUANGKOK COURT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4959C
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV FL 1.6 DCT
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	YEO MENG KWANG
NRIC No	S1180925A
Address	6 RIVERVALE LINK #11-08
Address complement	-
Postcode	545042
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - U-Turn
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)	4

CIRCUMSTANCES OF ACCIDENT

ON 29TH JAN 2021 AT ABOUT 2255HRS, I WAS TRAVELLING ALONG BUANGKOK CRESCENT OUTSIDE BUANGKOK COURT. WHEN I WAS ABOUT TO MAKE A U-TURN FROM THE OUTER LEFT LANE, A MOTORCYCLE (FBB4066A) FROM THE INNER LANE COLLIDED INTO THE SIDE OF MY TAXI.

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB4066A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Insurance Company Name	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	-
Injured person in which vehicle?	FBB4066A

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.
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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.

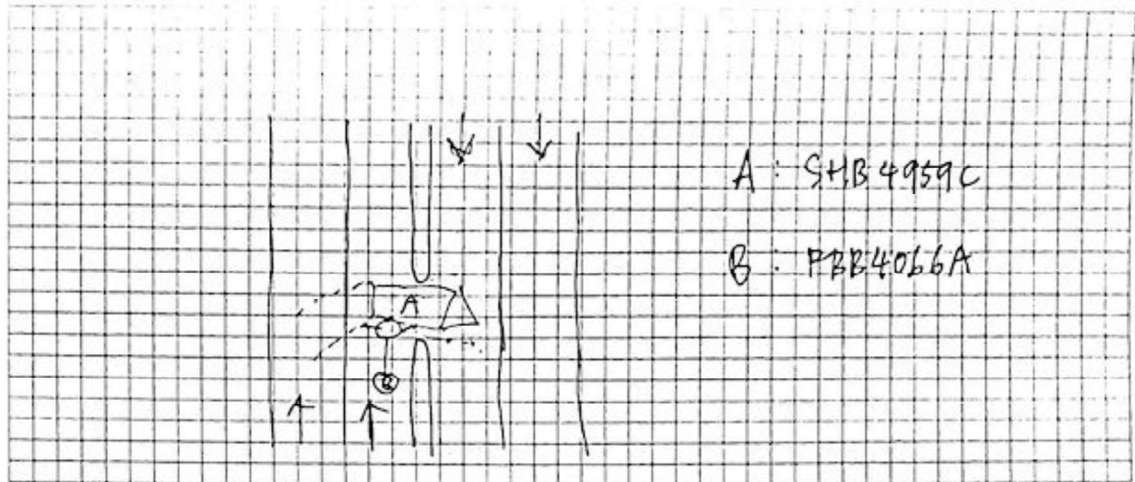
Policyholder's Signature
Date & Time:

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

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

29/01/2021
2320 hrs

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29th Jan 2021 at about 2255hrs, I was travelling along Buangkok Crescent outside Buangkok Court when I was about to make a U-turn from the outer left lane a motorcycle (veh: PBB4066A) from the inner lane collided into the side of my taxi.

DECLARATION

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

Policyholder's Signature

Date & Time:

GPARS/IC Signatures Form, V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/01/2021
2320hrs

Reporting Centre Personnel's Signature

Name:

Mr Tan

NRIC/FIN No.:

