Daphne Lee (LKK Auto)

From: Moo Wen Zheng <wenzheng.moo@eurokars.com.sg>
Sent: Thursday, 13 February 2025 5:53 PM
To: Admin A; Daphne Lee (LKK Auto)
Cc: ESPL Claims Admin
Subject: LOD//TP - Accident Involving SLD8621S (MAZDA) & SHD8806Z (MS FIRST CAPITAL) DOA 25/10/2024 REF: D24009457MFCT/CCPL/TPD 2
Attachments: SLD8621S - LOD.pdf; Radlink Lite AMK X Ray Clinic 4 Nov 2024.pdf; 1 Bishan Medical 2 Nov 2024.pdf; Gwen Medical 1 Bishan.pdf; MC.pdf

Without Prejudice

Dear Sir/Madam,

The repairs have been completed for **SLD8621S**. We submit the following claims with supporting documents for your perusal:-

1) COR Invoice No. 30128489	**$ 10,381.03**
2) Loss Of Use ($100 x 04 days) with GST	**$ 436.00**
3) Medical Claim Inv no : 89579, 89296, 70565	**$ 391.30**
4) LTA/GIA Search Fees	**$ 2.18**
5) Admin Fees	**$ 350.00**
6) Letter Of Authorization	**ATTACHED**
7) Discharge Voucher	**ATTACHED**
Please pay to **Trans Eurokars Pte Ltd**	**$ 11,560.51**

We look forward to receiving your offer/Discharge Voucher soon.

Thank you.

Best regards.

Wen Zheng (Mr)
Claim Executive | Body & Paint

27A Tanjong Penjuru Singapore 609042
Tel. +65 6331 0680 | DID +65 6331 0698

LETTER OF AUTHORISATION

In the matter of an accident involving motor vehicles SLD8631S and SHD8806Z

on 25/10/2024 along Rochor Road.

I/ We, Gwendoline Teo the owner of vehicle registration number SLD8631S at the material time of accident hereby appoint Trans Eurokars Pte Ltd to proceed with the repairs to the damages caused to my/our vehicle in the above accident in accordance with the recommendations and advice of the licensed motor surveyor appointed by the insurers or on my/our behalf.

I/ We authorize Trans Eurokars Pte Ltd and/or its representative to submit and make any claims which I/ We may have against the other party/parties or alternatively under the insurance policy taken up by me/ us in respect of the cost of repair suffered by me/us arising from the accident, and to receive payment (such payment to be made by way of Cheque or online bank transfer in favour of Trans Eurokars Pte Ltd) due to me/us in connection with and arising out of the above claim.

Trans Eurokars Pte Ltd and/or its representative are hereby authorised as my attorney to execute and/or sign any documents/discharge vouchers regarding the above claim.

I/ We further confirm that the acceptance by Trans Eurokars Pte Ltd of the settlement amount in respect of such claim shall constitute full discharge of my/ our claim in respect of such loss and damage.

I/ We hereby declare that all acts and documents done by virtue of this Letter of Authorization on my/ our behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me/us in person.

Dated 25 of Oct 2024.

Insured/Owner Name & Signature	Witness Name & Signature
Gwendoline Teo	
NRIC No.:	NRIC No.:

MS FirstCapital
A Member of MS&AD INSURANCE GROUP

MS First Capital Insurance Limited
www.msfirstcapital.com.sg
(UEN 195000106C GST Reg. No. M2-0001676-9)

DISCHARGE RECEIPT

CLAIM REFERENCE	:	D24009457MFCT/CCPL/TPD 2
ACCIDENT DATE	:	25/10/2024
ACCIDENT LOCATION	:	ROCHOR ROAD
INSURED	:	CITYCAB PTE LTD
INSURED DRIVER	:	ROHAIZAT BIN ABDUL RASIK
INSURED VEHICLE	:	SHD8806Z
INVOLVED PARTY	:	SLD8621S
SETTLEMENT SUM	:	$10,819.21

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,

2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT: GWENDOLINE TEO HAW YN Signature and Date :

1/4/2025

WITNESS : AQILAH FATIM. Signature and Date :

TRANS EUROKARS PTE LTD

6 Raffles Quay, #21-00 Singapore 048580| Tel: (65) 6359 1700 Fax: (65) 6222 3547
Claims & Motor Underwriting Dept.
16 Raffles Quay, #42-01 Hong Leong Building, Singapore 048581 Tel: (65) 6359 1800 Fax: (65) 6223 0541

MS FirstCapital
A Member of MS&AD INSURANCE GROUP

MS First Capital Insurance Limited
www.msfirstcapital.com.sg
(UEN 195000106C GST Reg. No. M2-0001676-9)

DISCHARGE RECEIPT

CLAIM REFERENCE	:	D24009457MFCT/3
ACCIDENT DATE	:	25/10/2024
ACCIDENT LOCATION	:	Along Rochor Rd after Queen's St junction
INSURED	:	CITYCAB PTE LTD
INSURED DRIVER	:	ROHAIZAT BIN ABDUL RASIK
INSURED VEHICLE	:	SHD8806Z
INVOLVED PARTY	:	SLD8621S
SETTLEMENT SUM	:	SGD 391.30

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,

2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT : GWENDOLINE TEO HAW YN

Signature and Date : 1/4/2025

WITNESS : AQILAH RAHIM.

Signature and Date :

TRANSEUROKARS PTE LTD

TAX INVOICE

CODE:	F0001	PAGE NO.:	1
CUSTOMER:	MS FIRST CAPITAL INSURANCE LTD	INVOICE NO.:	30128489
ADDRESS:	16 RAFFLES QUAY	DOCUMENT DATE:	05/12/2024
	#42-01	POS ID:MU	
	HONG LEONG BUILDING	PRINTED BY:	Wong Chun Wei
	SINGAPORE 048581	SERVICE ADV:	
	ATTN:MOTOR CLAIM DEPT	CSP/OP CODE:	Wong Chun Wei
CONTACT NO.:	6507 3848	DEPT:	I
MODEL:	MAZDA5 SKYACTIVE	WIP NO.:	21928
CHASSIS NO.:	JM6CW1071G0123932	REF. NO.:	
ENGINE NO.:	PE10349699	DATE IN:	
REG NO.:	SLD8621S	EXT. WTY:	
REGN DATE:	29/06/2016	MILEAGE:	0

DESCRIPTION: Body repair

Item	Description	Qty.	Unit Price SGD	Disc. %	Con. %	Gross amount SGD	GST Code
NOTES	MS FIRST TP CLAIM			0.00		0.00	O
SUB	MZ 5 UBI TO REMOVE & REPLACE REAR BUMPER & TAILGATE. AND ALL ACCIDENT AFFECTED AREA. - PO24063			0.00		1,584.00	S
SUB	MZ 5 UBI TO RESPRAY REAR BUMPER & TAILGATE. - PO24063			0.00		1,512.00	S
SUB	MZ 5 UBI TO SUPPLY NUMBER PLATE. - PO24063			0.00		70.00	S
SUB	MZ 5 UBI TO TRANSFER REVERSE SENSORS. - PO24063			0.00		180.00	S
SUB	MZ 3 UBI TO TRANSFER TAILGATE MECHANISM. - PO24063			0.00		396.00	S
SUB	MZ 5 UBI TO REMOVE & REFIT THE WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST.			0.00		670.00	S

TAX INVOICE

CODE:	F0001	PAGE NO.:	2
CUSTOMER:	MS FIRST CAPITAL INSURANCE LTD	INVOICE NO.:	30128489
ADDRESS:	16 RAFFLES QUAY	DOCUMENT DATE:	05/12/2024
	#42-01	POS ID:	MU
	HONG LEONG BUILDING	PRINTED BY:	Wong Chun Wei
	SINGAPORE 048581	SERVICE ADV:	
	ATTN:MOTOR CLAIM DEPT	CSP/OP CODE:	Wong Chun Wei
CONTACT NO.:	6507 3848	DEPT:	I
MODEL:	MAZDA5 SKYACTIVE	WIP NO.:	21928
CHASSIS NO.:	JM6CW1071G0123932	REF. NO.:	
ENGINE NO.:	PE10349699	DATE IN:	
REG NO.:	SLD8621S	EXT. WTY:	
REGN DATE:	29/06/2016	MILEAGE:	0

DESCRIPTION: Body repair

Item	Description	Qty.	Unit Price SGD	Disc. %	Con. %	Gross amount SGD	GST Code
	- PO24063						
SUB	MZ 5 UBI TO SUPPLY SEALER ON THE WINDSCREEN GLASS.			0.00		120.00	S
	- PO24063						
SUB	MZ 5 UBI TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			0.00		150.00	S
	- PO24063						
SUB	MZ 5 UBI TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.			0.00		180.00	S
	- PO24063						
SUB	MZ 5 UBI SUNDRIES.			0.00		20.00	S
	- PO24063						
C513-50-221EB	REAR BUMPER CW	1.00	916.78	0.00		916.78	S
BN8F-50-355	RIVET	4.00	4.64	0.00		18.56	S
G043-62-864A	TAPE,PROTECTOR	2.00	2.95	0.00		5.90	S
D350-51-5L0E	REFLECTOR LHR,REFLEX S/ACTIV	1.00	55.13	0.00		55.13	S

TAX INVOICE

CODE:	F0001	PAGE NO.:	3
CUSTOMER:	MS FIRST CAPITAL INSURANCE LTD	INVOICE NO.:	30128489
ADDRESS:	16 RAFFLES QUAY	DOCUMENT DATE:	05/12/2024
	#42-01	POS ID:	MU
	HONG LEONG BUILDING	PRINTED BY:	Wong Chun Wei
	SINGAPORE 048581	SERVICE ADV:	
	ATTN:MOTOR CLAIM DEPT	CSP/OP CODE:	Wong Chun Wei
CONTACT NO.:	6507 3848	DEPT:	I
MODEL:	MAZDA5 SKYACTIVE	WIP NO.:	21928
CHASSIS NO.:	JM6CW1071G0123932	REF. NO.:	
ENGINE NO.:	PE10349699	DATE IN:	
REG NO.:	SLD8621S	EXT. WTY:	
REGN DATE:	29/06/2016	MILEAGE:	0

DESCRIPTION: Body repair

Item	Description	Qty.	Unit Price SGD	Disc. %	Con. %	Gross amount SGD	GST Code
CGY3-62-02XF	BODY,LIFT GATE CW	1.00	1,590.90	0.00		1,590.90	S
GHP9-58-867	VALVE,ONEWAY	2.00	12.06	0.00		24.12	S
EG21-51-SJ3	CLIP	3.00	5.57	0.00		16.71	S
C513-50-611	MOULD,RR.WINDOW CW	1.00	61.62	0.00		61.62	S
D204-50-896A	FASTENER	6.00	2.36	0.00		14.16	S
DJ01-50-897	DAM REAR WINDOW UPPER	1.00	6.49	0.00		6.49	S
C273-50-896	FASTENER	2.00	7.42	0.00		14.84	S
GJ6A-50-897	SPACER	4.00	11.13	0.00		44.52	S
G21E-63-938B	PIN,STUD	1.00	10.20	0.00		10.20	S
C513-51-160D	LAMP(L),RR COMB.CW	1.00	596.58	0.00		596.58	S
GJ6A-51-14Y	FASTENER,LAMP	2.00	14.84	0.00		29.68	S
EA01-51-146B	GROMMET,SCREW-R.COMB	2.00	2.53	0.00		5.06	S
EA02-51-146A	GROMMET,SCREW-R.COMB	2.00	2.53	0.00		5.06	S
B01W-51-142B	GROMMET,SCREW-R.COMB	4.00	2.62	0.00		10.48	S
C513-51-3G0G	LAMP(L),TRUNK LID CW	1.00	397.75	0.00		397.75	S
C513-51-3H8	GASKET(R),LAMP-TRUNK CW	1.00	102.83	0.00		102.83	S
C513-51-3J8	GASKET(L),LAMP-TRUNK CW	1.00	102.83	0.00		102.83	S
C513-50-810F8	GARNISH,LIFT GATE CW	1.00	492.49	0.00		492.49	S
CGY0-51-711	ORNAMENT,CAR NAME-RR CW	1.00	51.67	0.00		51.67	S
CGY0-51-721	ORNAMENT,CAR NAME-RE CW	1.00	40.63	0.00		40.63	S

TAX INVOICE

CODE:	F0001	PAGE NO.:	4
CUSTOMER:	MS FIRST CAPITAL INSURANCE LTD	INVOICE NO.:	30128489
ADDRESS:	16 RAFFLES QUAY	DOCUMENT DATE:	05/12/2024
	#42-01	POS ID:	MU
	HONG LEONG BUILDING	PRINTED BY:	Wong Chun Wei
	SINGAPORE 048581	SERVICE ADV:	
	ATTN:MOTOR CLAIM DEPT	CSP/OP CODE:	Wong Chun Wei
CONTACT NO.:	6507 3848	DEPT:	I
MODEL:	MAZDA5 SKYACTIVE	WIP NO.:	21928
CHASSIS NO.:	JM6CW1071G0123932	REF. NO.:	
ENGINE NO.:	PE10349699	DATE IN:	
REG NO.:	SLD8621S	EXT. WTY:	
REGN DATE:	29/06/2016	MILEAGE:	0

DESCRIPTION: Body repair

Item	Description	Qty.	Unit Price SGD	Disc. %	Con. %	Gross amount SGD	GST Code
C514-51-958A	CLIP,SPOILER CW	3.00	6.49	0.00		19.47	S
C525-51-958A	CLIP,SPOILER	1.00	7.42	0.00		7.42	S

	*	GST Code	Rate	Service/Goods	GST
Parts	4,641.88	O	-		-
Surcharge	0.00	S	9.00%	9,523.88	857.15
Labour	4,882.00				
Menus	0.00				

	Before GST	GST	Total
Gross *	9,523.88	857.15	10,381.03
Less: Deposit**	0.00	0.00	0.00
Amount Due	9,523.88	857.15	10,381.03

All major repaired parts stated above are covered under a 6 months or 10,000km warranty, whichever comes first. The above excludes expendable maintenance items, natural wear & tear components and parts damaged due to negligence or improper handlings.

Proof of Payments is only valid if this invoice is stamped "PAID" & signed by us. Any dispute to this invoice must be made within 5 calendar days.

CASH / NETS / AMEX / VISA / MASTER / CHEQUE No.

**Deposit tax invoice No.:

Date:

Customer signature

Authorised signature

TRANSEUROKARS Eurokars Group Corporate Head Office : Trans Eurokars Pte Ltd,11 Kung Chong Road Singapore 159147
Tel: 6363 3003, Fax: 63693003, BRN.199103859N, GST Regn. No.: M90364005A

zoom-zoom

Showrooms & Service Centres :
5 Ubi Close Singapore 408605
Sales Tel: 6395 8888 Service Tel: 6395 8899
Sales Fax: 68461700 Service Fax: 6744 9402

23 Leng Kee Road Singapore 159095
Sales Tel: 6603 6118 Service Tel: 6603 6128
Sales Fax: 6476 7073 Service Fax: 6476 7417

EUROKARS LEASING

Eurokars Leasing Pte Ltd
11 Kung Chong Road, Singapore 159147
Co. Regn. No.: 199200636C
GST Regn. No.: M90364005A
www.eurokarsleasing.com.sg
T: (65) 6908 8000

Tax Invoice

MS FIRST CAPITAL INSURANCE LTD
16, Raffles Quay, #42-01 Hong Leong Building Singapore 048581
Singapore
Tel: 68543461 Fax: 6507 3849

Inv No. : INV24110278
Date : 21 Nov 2024
Ref : SLD8621S
Account Code : F0004
Currency : SGD
Terms : 30 Days

#	Description	Qty	UOM	Unit Price	Amt
1	Rental Agreement No. R24110029 User's Name : GWENDOLINE TEO Vehicle No. : SLK4675B - Toyota Corolla Altis 1.6CVT Rental Period : 12/11/2024 to 16/11/2024	4.00	Day	100.00	400.00

Remarks:

BKW /WONG- SLD8621S

This is a computer-generated document. No signature is required.
Please find below our available payment options.

1) GIRO:
Customers with existing GIRO facilities will have payment deducted from your bank account by the 1st working day of the month following the invoiced period. To opt for GIRO billing, please fill out the GIRO application form attached with your invoice or request a copy of the application form from your respective salesperson.

2) Paynow:
PayNow to UEN (199200636CEL1) or scan the QR code to make payment. Please include your invoice number/vehicle registration number in the remarks section when making payment.

3) Bank Transfer/Telegraphic Transfer:
Request for payment through Bank Transfer/Telegraphic Transfer by writing to elpl.finance@eurokars.com.sg. Please attach the payment advice and include the invoice number/vehicle registration number in the email for reference.

Subtotal :	S$ 400.00
GST 9.0% :	S$ 36.00
Total :	**S$ 436.00**

EUROKARS LEASING

Eurokars Leasing Pte Ltd
11 Kung Chung Road, Singapore 159147
GST Reg. No. 199200636C
www.eurokars.com.sg
T: 6543 2000

Rental Agreement No.: R24110029
Date.: 11 Nov 2024

The Schedule set out below contain the entire agreement between Eurokars Leasing Pte Ltd (Company Registration No.: 199200636C), a company incorporated in Singapore and having its registered office at 11 Kung Chung Road, Alexandra Industrial Estate, Singapore 159147 ("Owner"), and the Hirer (as identified below), for the rental of the Vehicle (as identified below), subject to the attached Terms and Conditions.

1. Hirer Details

Name(in full)	: MS FIRST CAPITAL INSURANCE LTD
Company Reg No	: 195000106C
Address	: 16, Raffles Quay, #42-01 Hong Leong Building Singapore 048581 Singapore
Mobile Number	: 68543461 (O/H) _____ (HP)
Email	: marynelson@msfirstcapital.com.sg

2. Main Driver Details

Name(in full)	: GWENDOLINE TEO
Driving License Number	:
Issue Date	:
Mobile Number	: 96372541 (O/H) _____ (HP)

3. Vehicle Details

Vehicle Registration Number	: SLK4675B
Make & Model	: Toyota Corolla Altis 1.6CVT
Colour	:
Engine Number	: 1ZRY322006
Chassis Number	: MR053REH104555554

4. Period of Rental ("Rental Period")

Duration of Rental	: 4 Days
Commencement Date	: 12 Nov 2024
End Date	: 16 Nov 2024

5. Rental Charges

Deposit Amount	: 0.00
Daily	: 100.00
Weekly	: 0.00
Monthly	: 0.00
Total Excluding GST	: 400.00

6. Insurance Excess

Singapore	: 2,500.00
Malaysia	: N/A
Young, Elderly and/or Inexperienced Driver(s)	: N/A

7. Remarks

1. Entry to Malaysia is not allowed. 2. No smoking, pets and durians in vehicle, cleaning charges applicable.

By signing below, the Hirer acknowledges that they have read, understood, and agree to the enclosed Terms and Conditions. The Hirer agrees that these terms and conditions govern the relationship between them and the Owner, and that failure to comply with any provision may result in consequences as outlined therein.

Hirer's Signature

Eurokars Leasing Pte Ltd

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SHD8806Z

Date of Accident

25/10/2024

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance	**MS First Capital Insurance Ltd**
Period of Insurance	**01/01/2024 - 31/12/2024**
Requested By	**TRANSEUROKARS PTE LTD - TA...**
Requested Date	**25/10/2024 14:16**

Payment details
Request Amount: **S$2**
GST Amount: **S$0.18**
Total Amount Due (GST Inclusive): **S$2.18**

General Insurance Association
Records Management Centre
GST Registration No: **M400017735**

1 BISHAN MEDICAL

1 Bishan Medical 283 Bishan Street 22 #01-191 Singapore 570283 • T: 64561600 • E: 1bishanmed.frontdesk@gmail.com

GST Reg No : 202029235N

Co.Reg No : 202029235N

TAX INVOICE

GWENDOLINE TEO HAW YN
521 YIO CHU KANG ROAD
#04-86 THE CALROSE
S(787086)

Invoice No. : 89579
Our Ref : 33703
Date : 02 Nov 2024

Patient : GWENDOLINE TEO HAW YN (SXXXX411G)

Description	Qty	Fee
CONSULTATION		$35.00

Sub-Total	$35.00
Add GST 9.0%	$3.15
Total Amount Payable	$38.15
Receipt No. 89757 - CASHLESS PAYNOW 1 **Payment Received**	$38.15
Outstanding Balance	$0.00

All Cheques should be crossed and made payable to :
1 Bishan Medical Pte. Ltd.

Due to Hygiene and Infection Control reasons, the clinic will not be accepting any exchanges/refunds for items dispensed.

Thank you very much and have a nice day ahead!

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

E. & O.E

RadLink Life

GST No. :M2-0090296-3

MEDICAL IMAGING PTE LTD (UEN: 198905466M)

Bill To: GWENDOLINE TEO HAW YN (SXXXX411G)

Address:

Singapore -

Ref. Doctor: Daren Poh Kiat How
Registration Number: MI2424839

Tax Invoice Number: MIIN70565
Document Date: 04-Nov-2024
Printed Time: 8:50
Printed By: amelia.garcia
Registration Date: 4/11/2024

Patient's Name	Examination	Amount
GWENDOLINE TEO HAW YN	XR Cervical spine-3 Views	100.00
	XR Ribs	60.00

Total Before GST: 160.00

GST @ 9.00 % 14.40

Total Charges: **174.40**

Absorbed: -0.0

Total Amount Due: (SGD) **174.40**

This is a computer generated document and no signature is required.

Payment Receipt

Receipt Number: MIRC64647
Document Date: 04-Nov-2024
Printed Time: 8:50
Printed By: amelia.garcia

Receipt Amount: **174.40**

Payment Via

Payment Mode	Reference Detail	Amount Paid
Visa	1669	174.40
		174.40

Payment for	MIIN70565	(GWENDOLINE TEO HAW YN)	**174.40**
Amount Collected			174.40
Change			$ 0.00

View your MediSave & MediShield Life claim details online with your SingPass at **cpf.gov.sg**

Employers and Insurers *should reimburse to your cash outlasy first, followed by MediSave, then MediShield Life/Integrated Shield Plan.For Integrated Shield Plan, please reimburse directly to the private insurer.To submit reimbursement, go to* ***cpf.gov.sg > Employers > Services MediSave/MediShield Life Reimbursement.***

RadLink Lite

C MI2424839
MI041724031058
N MI041724031057
S
S

XR Cervical spine-3 Views
XR Ribs

** N
** I

Reg No: MI2424839
GWENDOLINE TEO HAW YN
NRIC S7408411G
DOB 20/03/1974 50/ F Reg Date: 04/11/2024

Despatch

To: Daren Poh Kiat How
1 Bishan Medical
Blk 283 Bishan Street 22
#01-191, Singapore 570283

☑ ANG MO KIO X-RAY CLINIC & LABORATORY
Blk 422 Ang Mo Kio Ave 3, #01-2516 Singapore 560422
Tel: +65 6576 4760 Fax: +65 6553 0056

☐ TAMPINES STREET 11 X-RAY CLINIC

☐ 33703 (S7408411G) ONG)
GWENDOLINE TEO HAW YN
DOB: 20/03/1974 50 y Sex: F Reg: 09 Jan 2022 Centre
Tel : / 96372541
N 521 YIO CHU KANG ROAD
#04-86 THE CALROSE S(787086)
Allergy: NO G6PD: UNKNOWN L: English
G Nationality: SINGAPORE CITIZEN
Coy: Emp:
E

☐ Mammogram (MM)
☐ Mammogram & U/S Breast

ULTRASOUND (U/S) EXAMINATIONS**

- ☐ Hepatobiliary System (HBS = Liver/GB/Pancreas)
- ☐ Full Abdomen (HBS + Spleen + Kidneys)
- ☐ Urinary System (Kidneys/Ureters/Bladder)
- ☐ Full Abdomen & Pelvis(TA) – *female only*
- ☐ Full Abdomen & Prostate(TA)
- ☐ Pelvis (TA or TV or Both) – *female only*
- ☐ Prostate (TA or TR or Both)
- ☐ Breasts
- ☐ Thyroid
- ☐ Scrotum (Testes)
- ☐ Parotid / Submandibular
- ☐ Soft Tissue Mass – Neck
- ☐ Soft Tissue Mass – others _____

CHEST & ABDOMEN

- ☐ Screening Chest X-ray (Filmless)
- ☐ Chest X-ray – 1 View (PA)
- ☐ Chest – 2 Views (PA & LAT)
- ☐ Chest – for RIBS (PA & OBL) (R)
- ☐ Chest – 3 Views (PA, LAT, OBL)
- ☐ Chest – Apical / Lateral / Oblique only
- ☐ Sternum (OBL & LAT)
- ☐ Abdomen / KUB
- ☐ Abdomen - Erect & Supine

SPINE

- ☐ Cervical Spine (AP & LAT)
- ☐ Cervical Spine (AP, LAT & OPEN MOUTH)
- ☐ Cervical Spine Series (AP, LAT, OBL)
- ☐ Cervical Spine RTA Series (AP, LAT, OM)
- ☐ Thoracic Spine (AP & LAT)
- ☐ Thoraco-Lumbar Spine (4 Views)
- ☐ Lumbo-Sacral Spine (AP & LAT)
- ☐ Lumbar Spine Series (AP, LAT, OBL)
- ☐ Lumbar Spine Flexion & Extension add on)
- ☐ Lumbo-Pelvic Spine (AP & LAT)
- ☐ Pelvis
- ☐ Sacrum / Coccyx
- ☐ S.I. Joints
- ☐ Spine Complete (C/S + T/S + L/S)
- ☐ Spine Complete with Pelvis

UPPER LIMB

- ☐ Finger
- ☐ Hand
- ☐ Bone Age (non-Dominant Hand PA view)
- ☐ Scaphoid
- ☐ Wrist
- ☐ Radius & Ulna
- ☐ Elbow
- ☐ Humerus
- ☐ Shoulder – AP & Axial
- ☐ Scapula – AP & Y-SCAP
- ☐ Clavicle
- ☐ A.C.Joints(Both Side-w&w/o Weight) Joint
- ☐ Sterno-Clavicular Joints (AP & OBL)

LOWER LIMB

- ☐ Hip (AP PELVIS & LAT *HIP*)
- ☐ Femur
- ☐ Knee
- ☐ Knee Series (AP, LAT, SKYLINE)
- ☐ Tibia & Fibula
- ☐ Ankle
- ☐ Calcaneum (Heel Bone)
- ☐ Calcaneum Spur View (Bi-Lat LAT VIEW)
- ☐ Foot
- ☐ Toe

HEAD & NECK

- ☐ Skull – 2 views
- ☐ Skull – 3 views
- ☐ Nasal Bones (PA, LAT & OM)
- ☐ Paranasal Sinuses
- ☐ Lateral Neck (Esophagus)
- ☐ T.M. Joints (APOM, LAT-OM & LAT-CM)
- ☐ Facial Bone
- ☐ Mandible
- ☐ Orbit

OTHERS

- ☐ ECG – ***only at AMK & TAMPINES***
- ☐ Other procedures / Remarks: _____

***CLINICAL FINDINGS :**

- ☑ TRAUMA
- ☐ PAIN
- ☐ SCREENING
- ☐ FOLLOW-UP
- ☐ PRIOR FILMS / REPORT

OTHERS: RTA

***DOCTOR'S STAMP & SIGNATURE + CLINIC STAMP**

Dr Daren Poh
MCR M68595Z

1 - Bishan
Medical
283 Bishan

***FOR RESULTS :**

- ☐ Doctor's Portal (*)
- ☑ X-RAY FILMS or ☐ CD

* Please feel free to contact us for assistance

- ☑ Despatch to Clinic
- ☐ Fax Result
- ☐ Urgent collection (urgent charges apply)
- ☐ Wet Film Collection
- ☐ Collection on the next day

***BILLING :**

- ☑ Bill Patient
- ☐ Bill Clinic
- ☐ By Guarantor : _____
- Claims Visit No. / Approval code: _____
- ☐ FHN3 ☐ IHP ☐ Others : _____

***Last Menstrual Period :** 31/10/2024

***Sign if NOT PREGNANT :**

OFFICIAL USE ONLY:
Radiographer : Micah.
Front Desk: AMELIA
Remarks:

1 BISHAN MEDICAL

1 Bishan Medical 283 Bishan Street 22 #01-191 Singapore 570283 • T: 64561600 • E: 1bishanmed.frontdesk@gmail.com

Medical Certificate

Date : **25 Oct 2024** **MC No.** : **0000026396**

This is to certify that :

Name : GWENDOLINE TEO HAW YN
NRIC : *S7408411G*

is Unfit for Duty for 3 days

from 25 Oct 2024 to 27 Oct 2024 inclusive.

Remarks : Diagnosis:
1) Stable Head Injury
2) Left Conjunctiva Injury
3) Right neck, shoulder and back muscle strain

Dr Zhang Hao Tian
M19512Z
GDip(Pall Med Singapore)
MRCS(Glasgow)
MBBS(Singapore)
1 BISHAN MEDICAL

DR ZHANG HAO TIAN
MCR : M19512Z

**This certificate is not valid for absence from court attendance.*

1 BISHAN MEDICAL

1 Bishan Medical 283 Bishan Street 22 #01-191 Singapore 570283 • T: 64561600 • E: 1bishanmed.frontdesk@gmail.com

GST Reg No : 202029235N

Co Reg No : 202029235N

TAX INVOICE

GWENDOLINE TEO HAW YN
521 YIO CHU KANG ROAD
#04-86 THE CALROSE
S(787086)

Invoice No. : 89296
Our Ref : 33703
Date : 25 Oct 2024

Patient : GWENDOLINE TEO HAW YN (SXXXX411G)

Description	Qty	Fee
METOCLOPROMIDE10MG (MAXOLON)	10.00 tabs	$5.50
BETASERC / BETAHISTINE 24MG	10.00 tabs	$10.00
SOPROXEN / NAPROXEN SODIUM 275MG	20.00 tabs	$11.00
OMEPRAZOLE 20MG / PROBITOR	10.00 caps	$15.00
PANADEINE TAB	20.00 tabs	$11.00
RHEUMOWIN GEL	1.00 tube	$11.50
CILOXAN EYE / EAR DROPS	1.00 bott	$20.00
CONSULATION FULL EXAMINATION		$80.00
	Sub-Total	$164.00
	Add GST 9.0%	$14.76
	Rounding Adjustment	$-0.01
	Total Amount Payable	$178.75
Receipt No. 89463 - CASHLESS PAYNOW 1	**Payment Received**	$178.75
	Outstanding Balance	$0.00

All Cheques should be crossed and made payable to :
1 Bishan Medical Pte. Ltd.

Due to Hygiene and Infection Control reasons, the clinic will not be accepting any exchanges/refunds for items dispensed.

Thank you very much and have a nice day ahead!

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

E. & O.E

1 BISHAN MEDICAL

1 Bishan Medical 283 Bishan Street 22 #01-191 Singapore 570283 • T: 64561600 • E: 1bishanmed.frontdesk@gmail.com

Medical Certificate

Date : 02 Nov 2024 **MC No. : 0000026495**

This is to certify that :

Name : GWENDOLINE TEO HAW YN
NRIC : S7408411G

is Unfit for Duty for 3 days
from 2 Nov 2024 to 4 Nov 2024 inclusive.

Dr Daren Poh
MCR M68595Z

DR DAREN POH
MCR : M68595Z

**This certificate is not valid for absence from court attendance.*

Daphne Lee (LKK Auto)

From: Nur Aqilah Binte Abdul Rahim <aqilah.rahim@eurokars.com.sg>
Sent: Tuesday, 1 April 2025 3:13 PM
To: Daphne Lee (LKK Auto)
Cc: Anikka Lai SK; ESPL Claims Admin; Admin A
Subject: RE: OFFER & DV - Accident Involving SLD8621S (MAZDA) & SHD8806Z (MS FIRST CAPITAL) DOA 25/10/2024 REF: D24009457MFCT/CCPL/TPD 2 ***LKK Ref: CD/FCI24110080/Uma3
Attachments: SLD8621Z - DV.pdf; SLD8621Z - DV (Medical Claim).pdf

Without Prejudice

Dear Daphne,

Attached herewith are the endorsed DVs for your processing.

Please payable the sum of $391.30 to client, Gwendoline Teo, via PayNow.

Please payable the sum of $10,819.21 to our bank account as follows:-

MAZDA

Beneficiary's Name	**Trans Eurokars Pte Ltd**
Beneficiary's Address	11 Kung Chong Road, Singapore 159147
Bank Account Number	003-916027-5 (SGD)
Bank Name	DBS Bank Ltd (Bank Code: 7171)
Branch Name	MBFC (Branch Code: 003)
Bank Address	12 Marina Boulevard Level 3 DBS Asia Central @MBFC Tower 3 Singapore 018982
SWIFT Code	DBS SS GSG
Paynow UEN	199103859NTMZ
Email	stephen.quah@mazda.com.sg

Thank you.

Best regards.

Aqilah Rahim (Miss)
Insurance Claims Officer | Body & Paint

27A Tanjong Penjuru Singapore 609042
Tel: +65 6331 0680 | DID: +65 6331 0691

Daphne Lee (LKK Auto)

From: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Sent: Monday, 31 March 2025 9:53 PM
To: Daphne Lee (LKK Auto)
Subject: RE: (OUR REF: D24009457MFCT/CCPL/TPD 2) SLD8621S & SHD8806Z (DOA: 25/10/2024) ***LKK Ref: CD/FCI24110080/Uma3

Dear Daphne,

Pls proceed with offer with GST

Thanks, and regards,

Joanne Yong
Motor Claims

MS First Capital Insurance Ltd | 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 | TEL: 6359 1823 | Fax No. : 6223 0541 | Company Regn. No. 195000106C
A Member of MS&AD INSURANCE GROUP

From: Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>
Sent: Tuesday, March 25, 2025 5:34 PM
To: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Subject: RE: (OUR REF: D24009457MFCT/CCPL/TPD 2) SLD8621S & SHD8806Z (DOA: 25/10/2024) ***LKK Ref: CD/FCI24110080/Uma3

Dear Joanne,

TP repairer rejected our offer LTA search fee without GST. We are re-seeking mandate for your approval.

Thank you

Best Regards,

Daphne Lee (Ms) | Case Handler
Third Party Direct Settlement
LKK Auto Consultants Pte Ltd
Phone: 6841 2157 | Email: DaphneLee@lkkauto.com|
HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Sent: Wednesday, 19 March 2025 4:48 PM
To: Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>
Subject: RE: (OUR REF: D24009457MFCT/CCPL/TPD 2) SLD8621S & SHD8806Z (DOA: 25/10/2024) ***LKK Ref: CD/FCI24110080/Uma3

Dear Daphne,

Refer to your email below.

Pls note that the medical bill direct settlement with the third party, we have attached the DV.

As for medical we will direct pay to the claimant.

Offer to third party claimant COR, LOU agreed to your proposal but LTA pls offer with GST.

Thanks, and regards,

Joanne Yong
Motor Claims

MS First Capital Insurance Ltd | 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 | TEL: 6359 1823 | Fax No. : 6223 0541 | Company Regn. No. 195000106C
A Member of MS&AD INSURANCE GROUP

From: Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>
Sent: Wednesday, 5 March 2025 3:23 pm
To: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Subject: RE: (OUR REF: D24009457MFCT/CCPL/TPD 2) SLD8621S & SHD8806Z (DOA: 25/10/2024) ***LKK Ref: CD/FCI24110080/Uma3

Dear Joanne,

Your Ref: D24009457MFCT/CCPL/TPD 2

We refer to the above matter and your email below.

ACCIDENT INVOLVING SLD 8621S AND SHD 8806Z ON 25/10/2024

We have highlighted to your good office on 05/11/2024 of Third-Party's request to do Direct Settlement with our Principal, MS First Capital Limited.

It is an accident under BOLA: 27. OID hit onto rear TP.

Basing on the report of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

Summary to offer to repairer **TRANS EUROKARS PTE LTD** is as follows: -

	Claimed Amount	**Revised Amount**
1. Cost of Repair	$ 12,965.34	$ 10,381.03 (P/P) (w/GST)
2. Loss of Rental (4 days x $109.00) (w/GST)	$ 436.00	$ 436.00 (4 days x $109.00) (w/GST)
3. LTA/GIA Search Fee	$ 2.18	$ 2.18
4. Medical Bill (Gwendoline Teo Haw Yn)	$ 391.30	$ 391.30
5. Admin Fees	$ 350.00	$ 0.00
Total	$ 14,144.82	**$ 11,210.51**

*4 days recommendation for repair.

Relevant supporting claim documents are attached herewith for your perusal and reference.

Kindly note that this inspection report dated 19/02/2025 is only for mandate purpose.

The above is for your approval please.

Thank You.

Best Regards,
Daphne Lee (Ms) | Case Handler
Third Party Direct Settlement
LKK Auto Consultants Pte Ltd
Phone: 6841 2157 | Email: DaphneLee@lkkauto.com|
HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Rajes (LKK Auto) <rajes@lkkauto.com>
Sent: Tuesday, 5 November 2024 2:58 PM
To: Betty Wong <BettyWong@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Cc: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Subject: RE: NEW ASSIGNMENT (OUR REF: D24009457MFCT/CCPL/TPD 2)

Dear Betty,

Thank you for the assingment.
Please be informed that vehicle not in the workshop, repairer will arrange.