

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



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TAX INVOICE

CODE: F0001
CUSTOMER: MS FIRST CAPITAL INSURANCE LTD
ADDRESS: 16 RAFFLES QUAY
#42-01
HONG LEONG BUILDING
SINGAPORE 048581
ATTN: MOTOR CLAIM DEPT
CONTACT NO.: 6507 3848
MODEL: MAZDA5 SKYACTIVE
CHASSIS NO.: JM6CW1071G0123932
ENGINE NO.: PE10349699
REG NO.: SLD8621S
REGN DATE: 29/06/2016

PAGE NO.: 1
INVOICE NO.: 30128489
DOCUMENT DATE: 05/12/2024
POS ID: MU
PRINTED BY: Wong Chun Wei
SERVICE ADV:
CSP/OP CODE: Wong Chun Wei
DEPT: I
WIP NO.: 21928
REF. NO.:
DATE IN:
EXT. WTY:
MILEAGE: 0

DESCRIPTION: Body repair

Item	Description	Qty.	Unit Price	Disc.	Con.	Gross amount	GST Code
			SGD	%	%	SGD	
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



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 SINGAPORE 048581
 ATTN:MOTOR CLAIM DEPT

CONTACT NO.: 6507 3848
 MODEL: MAZDA5 SKYACTIVE
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DESCRIPTION: Body repair

Item	Description	Qty.	Unit Price SGD	Disc. %	Con. %	Gross amount SGD	GST Code
SUB	- PO24063 MZ 5 UBI TO SUPPLY SEALER ON THE WINDSCREEN GLASS.			0.00		120.00	S
SUB	- PO24063 MZ 5 UBI TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			0.00		150.00	S
SUB	- PO24063 MZ 5 UBI TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.			0.00		180.00	S
SUB	- PO24063 MZ 5 UBI SUNDRIES.			0.00		20.00	S
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
D350-51-5LOE	REFLECTOR LHR,REFLEX S/ACTIV	1.00	55.13	0.00		55.13	S



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 CONTACT NO.: 6507 3848
 MODEL: MAZDA5 SKYACTIVE
 CHASSIS NO.: JM6CW1071G0123932
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 REF. NO.:
 DATE IN:
 EXT. WTY:
 MILEAGE: 0

DESCRIPTION: Body repair

Item	Description	Qty.	Unit Price	Disc.	Con.	Gross	GST
			SGD			%	
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



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DESCRIPTION: Body repair

Item	Description	Qty.	Unit Price	Disc.	Con.	Gross GST	
						SGD	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



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



Showrooms & Service Centres :
 5 Ubi Close Singapore 408605 23 Leng Kee Road Singapore 159095
 Sales Tel: 6395 8888 Service Tel: 6395 8899 Sales Tel: 6603 6118 Service Tel: 6603 6128
 Sales Fax: 68461700 Service Fax: 6744 9402 Sales Fax: 6476 7073 Service Fax: 6476 7417



LETTER OF AUTHORISATION

In the matter of an accident involving motor vehicles SLD8621 S and SHD8806 Z
on 25/10/2024 along Rechor Road

I/ We, Gwendoline Teo the owner of vehicle registration number SLD8621 S
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.

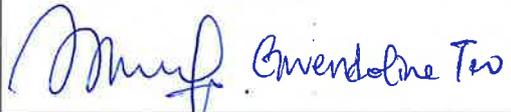
I/ We authorize Trans Eurokars Pte Ltd and/or its representative to submit and make any claims which I/
We may have against the other party/parties or alternatively under the insurance policy taken up by me/
us in respect of the cost of repair suffered by me/us arising from the accident, and to receive 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


NRIC No.:

Witness Name & Signature


NRIC No.:

DISCHARGE VOUCHER



Policy Number _____

Vehicle Number SLD 86215

Name of Policyholder Gwendoline Teo

I / We hereby acknowledge having received from the under-mentioned repairers my/our above-stated vehicle which has been repaired to my/our satisfaction and I/we admit that the payment for such repairs by Trans Eurokars Pte Ltd is in full and final discharge of my/our claim under above-stated policy number in respect of damage caused to the said vehicle as a result of an accident that occurred on 25/10/2024 at Rochor Road

Witnessed by Repairers

16/11/24

Date

Signature by Policyholder

16/11/24

Date

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	4.00	Day	100.00	400.00

User's Name : GWENDOLINE TEO
Vehicle No. : SLK4675B - Toyota Corolla Altis 1.6CVT
Rental Period : 12/11/2024 to 16/11/2024

Remarks:

BKW /WONG- SLD8621S

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



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

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.



Eurokars Leasing Pte Ltd
11 Kung Chuan Road, Singapore 159147
Tel: 6543 4346 Fax: 6543 4347
GST Reg No: S100000000
www.eurokarsleasing.com.sg
GST Reg No: S100000000

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
Payment Received		\$38.15
Outstanding Balance		\$0.00

Receipt No. 89757 - CASHLESS PAYNOW 1

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

Bill To: GWENDOLINE TEO HAW YN (SXXXX411G)
Address:

MEDICAL IMAGING PTE LTD (UEN: 198905466M)

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

Total Amount Due: Absorbed: -0.0
(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
		<u>174.40</u>

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 outlay 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 Life

MI2424839

MI041724031058

MI041724031057

XR Cervical spine-3 Views
XR Ribs

C
N
S

**A
**B

Reg No: MI2424839

Despatch

GWENDOLINE TEO HAW YN

NRIC S7408411G

DOB 20/03/1974 50/ F Reg Date: 04/11/2024

To: Daren Poh Kiat How

1 Bishan Medical

Blk 283 Bishan Street 22

#01-191, Singapore 570283

- 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

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**

[Signature]
Dr Daren Poh
MCR M68595Z

1 - Bishan
Medical
283 Bishan

OFFICIAL USE ONLY:

Radiographer: *Micah*

Front Desk:

Remarks:

AMELIA

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) (NG) Centre

DOB: 20/03/1974 50 y Sex: F Reg: 09 Jan 2022
Tel: / 96372541

N 521 YIO CHU KANG ROAD
#04-86 THE CALROSE S(787086)
Allergy: NO GSPD: UNKNOWN L: English
G Nationality: SINGAPORE CITIZEN
Coy: Emp

E

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

UPPER LIMB

- Finger
- Hand
- Bone Age (non-Dominant Hand PA view)
- Scaphoid
- Wrist
- Radius & Ulna
- Elbow
- Humerus
- Shoulder - AP & Axial
- Scapula - AP & Y-SCAP

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

- Clavicle *Jokers*
- A.C.Joints(Both Side-w&w/o Weight)
- 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

***FOR RESULTS :**

- Doctor's Portal (*)

- X-RAY FILMS
or
 CD

* Please feel free to contact us for assistance

- Despatch to Clinic

- Wet Film Collection

- Fax Result

- Collection on the next day

- Urgent collection (urgent charges apply)

***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 :

[Signature]

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: lbishanmed.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
METOCLOPRAMIDE 10MG (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
CONSULTATION 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



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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.*