SEAR MOTOR TRADING CO. LLP NO. 60 JALAN LAM HUAT #07-60 CARROS CENTRE

SINGAPORE 737869

Tel No.: 63650428 Fax No.: 63678421

E-Mail: seahmotor@gmail.com

Buss. Reg. No.: T18LL1376C

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #04 & #05 **IOB BUILDING 049711**

SINGAPORE

Attention : Motor Claim Department

Contact: 63476100 Fax No.: 62244174

Final Repair Bill : ES000262

Date: 23/03/2018 Vehicle Num. : SJN1133B

Make/Model : BMW 316-2013 Chassis/Eng#: WBA3A16050NS36117

Accident Date : 24/03/2018

Claim No.:

Reference: Y18MAR/SJN1133B/TP Policy No.: 50960123649CLASSIC

LUMP SUM REPAIRS

Amount S\$

11,250.00

SingDollars : Eleven Thousand Two Hundred Fifty Only

E. & O.E.

Total S\$:

11,250.00

SEAH MOTOR TRADING CO. LLP

for SEAH MOTOR TRADING CO. LLP

MOTOR CLAIM DISCHARGE

INSURED: TAN SENG ENG CAR/LORRY/CYCLE: REG. NO: SJN 1133 B ACCIDENT: CLAIM NO:
ACCIDENT: CLAIM NO: POLICY NO: 5096012364 CLASSIC
POLICY NO: 2960/2364 Classic
Registered No. SIN 1/33 S Messrs SEAH MOTOR TRADING CO. LLP and that all repairs pagessage.
Messrs
and that all repairs necessary as a result of
or about the
or about the
company in respect hereof.
DATED 03 04 2018 SIGNATURE OF INSURED X
PLEASE SIGN AND RETURN

LETTER OF AUTHORITY

-	CTN 1133 B / SH 8 503 A
RE:	Accident Involving Vehicles SJN 1133B / SH 8 503 / along. TAMPINES EXPRESSURY on 22 08 2018
	along TAMPINES TXPIESSURY on 22 03 2010
I/We.	TAN SENGENG OF SJN1133B
	NRIC/COREG > > 2254>7
hereby	authoried M/S SEAH MOTOR TRADING CO. of Blk 2 Kranji Loop
#01-06	Singapore 739538 to repair my vehicle: STN 1133B. which was
damag	ed as a result of the above accident. I/We futher authorise M/S SEAH
MOTO	OR TRADING CO to submit a THIRD PARTY CLAIMS against
M/s	OR TRADING CO to submit a THIRD PARTY CLAIMS against UDIA INTERNATIONAL INSURANCE PROTOCOLOGICAL Which
Was re	sponsible for the above-mentioned accident for the loss and damages. ereby authorise M/s/ND/A INTERNATIONAL INSULANCE PIE the insurers
I/We h	ereby authorise MisNDIA INTERNATIONAL INDURANCE PIE THE insurers
For me	otor vehicle SH &50 \in X to release the claim amount to
	EAH MOTOR TRADING CO.
TARG OF	ARTHOTOR TRADITO CO.
	Assis
	Dated this 03 day of 2020
	Dated unsday of20
	(
	200000000000000000000000000000000000000
	S1322545A
	313707(-1)
7	
Witnes	SS C6933189 T
A TOTAL	504221041

CHAN'S & SONS ENTERPRISE

363 Sembawang Road Singapore 758379 Tel 67532536 Fax:67567565 GST Reg No: 51-936900-M



TAX INVOICE

SEAH MOTOR TRADING CO

BLK 2, KRANJI LOOP

#01-06

SINGAPORE 739538

ATTN: SEAH MOTOR TRADING CO

INVOICE

AR1804-0215

DATE

11/04/2018

TERMS STAFF ID

C.O.D IZA

AGREEMENT NO. :

HA201803-0228

DESCRIPTION

AMOUNT (SGD)

Vehicle Reg No

: SLC3627P

1,542.06

Make / Model

: TOYOTA WISH 7-SEATER 1.8 AUTO

Rental Dates

: Rental Billing From 23/03/2018 To 03/04/2018

Period

: 11 days

Rental Rate

: S\$ 150.00 Per Day

(Including GST)

Reference No.

AMOUNT: S\$

ONE THOUSAND SIX HUNDRED FIFTY DOLLARS ONLY

NON-TAXABLE VALUE: TAXABLE VALUE:

0.00 1,542.06

GST 7%:

107.94

TOTAL S\$:

1,650.00

Please make your cheques payable to : CHAN'S & SONS ENTERPRISE



For Official USe Only

Payment Date :	F / Amt
CS/CC/CH :	
CS/CC/CH :	



Billing Enquiries: Mon-Fri 9.00am-5.30pm (Excl. Public Holidays) Tel. 6850 2854 / 6850 2857 / 6850 2862 Email: billing@cgh.com.sg

PAGE: 1 / 2

GST Registration No.: M2-0088821-9

ORIGINAL RECEIPT

CAENAA3

22.03.2018 19:33 hrs

Bill To PETER LEE KING HOCK 115 BUKIT PURMEI ROAD

#04-244 SINGAPORE 090115

MRN/NRIC CASE NUMBER

: S1633582G : 69183345941

CUSTOMER

: 3025975743

A&E VISIT

: 22.03.2018 18:56

PETER LEE KING HOCK Name of Patient

Service Description		A	Amount (S\$)		
		Total Charges Before Govt Grant	Total Amt Payable After Govt Grant		
DRUGS / PRESCRIPTIONS / INJECTIO A&E ATTENDANCE FEE	NS	3.70	0.00		
TOTAL CHARGES LESS: GOVERNMENT GRANT		250.00 253.70	120.00		
AMOUNT PAYABLE BEFORE TAX ADD: 7% GST		133.70-	120.00		
AMOUNT PAYABLE AFTER TAX			8.40		
LESS : GST ABSORBED BY THE GOV NET AMOUNT PAYABLE	ERNMENT		128.40 8.40-		
PAYMENT			120.00		
PETER LEE KING HOCK AMOUNT DUE		-	120.00-		
PETER LEE KING HOCK FOR INFORMATION: ST: P SN: S1633582G			0.00		
PAYMENT DETAILS			ø		
NAME TAN SENG ENG	DATE 22.03.2018	AMOUNT 120.00 VIS	PAYMENT TYPE A/MASTERCARD		

"Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life OR the Integrated Shield Plan. To make payment to Medisave and MediShield Life, please send a cheque to CPF Board or pay over the Internet (more information at www.cpf.gov.sg). To make payment to the Integrated Shield Plan, please send a cheque directly to the private insurer operating the Integrated Shield Plan. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield Life OR the Integrated Shield Plan." Payment may be made by DBS iBanking, AXS or NETS station, via Visa/MasterCard at https://epay.cgh.com.sg or by cheque. Payment may also be made at the Patient your health and homecare needs.

F/BO/02-003.R12

Visit www.mypharmacy.com.sg for

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

Amount Enclosed: \$

Cheque No./Bank:

S1633582G PETER LEE KING HOCK 22.03.2018

19:33 hrs

MRN/NRIC

: S1633582G

CASE NUMBER : 69183345941

ADMISSION DATE: 22.03.2018



Billing Enquiries: Mon-Fri 9.00am-5.30pm (Excl. Public Holidays) Tel. 6850 2854 / 6850 2857 / 6850 2862 Email: billing@cgh.com.sg

PAGE: 2 / 2

GST Registration No.: M2-0088821-9

Bill To

ORIGINAL RECEIPT

CAENAA3

22.03.2018 19:33 hrs

MRN/NRIC

: S1633582G

CASE NUMBER

: 69183345941

CUSTOMER

: 3025975743

A&E VISIT

: 22.03.2018 18:56

me of Patient PETER LEE KING HOCK

PETER LEE KING HOCK

115 BUKIT PURMEI ROAD

#04-244 SINGAPORE 090115

Service Description				Amount (S\$)			
	THIS IS AN ORIGINAL RE 22.03.2018.	CEIPT FOR VISA/N	ASTERCARD	PAYMENT	OF \$120.00	RECEIVED ON	
YPE OI	F SUPPLY: CASH/CREDIT						
	is under a contractual obligation to reimb						

"Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life OR the Integrated Shield Plan. To make payment to Medisave and MediShield Life, please send a cheque to CPF Board or pay over the Internet (more information at www.cpf.gov.sg). To make payment to the Integrated Shield Plan, please send a cheque directly to the private insurer operating the Integrated Shield Plan. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield Life OR the Integrated Shield Plan." Payment may be made by DBS iBanking, AXS or NETS station, via Visa/MasterCard at https://epay.cgh.com.sg or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R12

Visit www.mypharmacy.com.sg for your health and homecare needs.

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

Amount Enclosed: \$

Cheque No./Bank:

S1633582G PETER LEE KING HOCK

CGH S1633582G

6918334594T

22.03.2018

19:33 hrs

BALANCE DUE

: S\$

0.00

MRN/NRIC CASE NUMBER

: S1633582G : 69183345941

ADMISSION DATE: 22.03.2018

0000000000000000



A&E Discharge Summary

Date of Visit:

22-Mar-2018 18:56

Name of patient :

PETER LEE KING HOCK

NRIC:

S1633582G

Account Number: 69183345941

Address: Telephone:

Blk 115 #04-244 BUKIT PURMEI ROAD Singapore 090115

90303168 FIANCEE

Date of Birth:

13-Jul-1964

Sex: Male

Race: Chinese

Final Diagnosis:

Musculoskeletal pain

Triage Information

Time Of Triage:

22-Mar-2018 19:02

Triage Category:

P2.

Travel History:

Yes

Travel in the last 21 days?:

No

Does patient have Fever or Flu-like Symptoms in the last 21 days?:

Chief Complaint:

from seat passenger complaining of palpitations lasting 10-15mins after car he was in rear-ended another car. no HI/ chest pain. no visible injuries. took 5mg amlodipine at 1840hrs.

Vital Signs

Temperature (°C):

36.8

Shock Index:

0.52

Pulse Rate (/min :

Adjusted Shock Index PEFR:

Respiration (/min): Blood Pressure (mmHg): 75 17

SaO2:

95

144/87

Level of Consciousness:

0: Alert

Blood Sugar (mmol/l):

MEW Score:

Weight (kg):

GCS

Total GCS:

Eye Opening:

Verbal Response:

Motor Response:

Unable to Assess: Pain Score:

Location:

Duration:

Quality:

Main Complaints

Chief Complaint:

FRONTSEAT PASSENGER IN A CAR HIT BY ANOTHER CAR FROM BEHIND

WORE SEAT BELT

NO IMPACT WITH INSIDE OF CAR P/W STIFFNESS POST NECK

NO OETHR INJURY PH CVA 2015 ON THINNERS ALSO HYPT

Physical Examination

LOOI CHONG HENG PETER Doctor dr04966b

Accident & Emergency

Attending Doctor's Name

Doctor's Signature



A&E Discharge Summary

Date of Visit:

22-Mar-2018 18:56

Name of patient :

PETER LEE KING HOCK

NRIC:

S1633582G

Account Number:

69183345941

Address: Telephone:

Blk 115 #04-244 BUKIT PURMEI ROAD Singapore 090115 90303168 FIANCEE

Date of Birth:

13-Jul-1964

Sex: Male

Race: Chinese

Physical Image Details/Physical

Findings 1:

WELL COMF ALERT **SPEAKINFULL** NOT DYSPNEIC

NOT PALE NOT DISPHORETIC MILD L SIDED NECKACHE

ROM NECK FULL

ROM BILAT SHOUDLERS FULL NO PARESTHESIA BILAT UPP LIMBS

POWER 5/5 **GAIT NAD**

Disposition

Disposition:

Treated And Discharged

22-Mar-2018 19:18

Disposition By:

Doctor LOOI CHONG HENG PETER

Condition on Disposition:

Good

Discharge Prescription

Disposition Date/Time:

Allergy:

Omeprazole, candesartan

Drug Name

Instruction

PRN Instruction

Duration / Quantity

Diclofenac Sodium EC Tablet

50 mg - TDS

Dosage

amotidine Tablet

20 mg - BD

5 days 5 days

ANArex Tablet [Paracetamol 450mg, Orphenadrine 35mg]

1 tablet - TDS

Pain

5 days

Ketoprofen 2.5% Gel

1 application - BD

Pain

1 weeks

Accident Type

Accident Type:

Non-Accident

LOOI CHONG HENG PETER Doctor dr04966b

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 2 of 2

CONFIDENTIAL