

# Premium Automobiles

**AXA Insurance Pte Ltd**

No 8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

**Attn: Motor Claims Dept****Yr Ref: CC4/ASM18011104/Awb3**

Norah Khai

6768 9911

6841 1183

Nora.khai@premiumauto.com.sg

Body &amp; Paint Dept

PA/TP/0686/2018/MAS

17 Nov 2018

from

Telephone +65-

Telefax +65-

EMail

Our department

Our Ref

Your Ref

Date

Dear Sir,

total pages

**RE: INSURANCE CLAIM FOR SLM 69 S, Audi S4 3.0 TFSI Qu**

Premium Automobiles Pte Ltd

Showroom

9 Leng Kee Road

Singapore 159090

Telephone (65) 6566 1111

Telefax (65) 6471 3733

With reference to the above-mentioned vehicle, no. **SLM 69 S**, claimant,  
**Mr. Kester Andrew Lim Tan**, please find the related document as per  
attached.

1. A copy of the Original invoice no. 85013097 – S\$3,521.37
2. A copy of Authorization to Act duly signed by client
3. A copy of the Release Voucher attached
4. Loss of Use – S\$4,650.00 (S\$150.00 x 26 working days + 1 PH + 4 Sunday)  
from Day 1
5. Medical bills – S\$1,322.50
6. A copy of GIA Search fee – S\$2.00

Service &amp; Parts Centres

55 Ubi Rd 1

Singapore 408699

Telephone (65) 6336 2323

Telefax (65) 684 11183

Based on the above document, we would appreciate you could expedite the  
payment soonest possible.

If you require any further clarification, please do not hesitate to contact me at  
6768 9911.

Regards

This is a computer-generated document. No signature is required.

Norah Khai  
Claims Dept

Encls  
AXA – SLM 69 S



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

26 June 2018

**Pau Keng Yin Annette Marie**

991 Bukit Timah Road

#01-03

Singapore 589630

Dear Sir/ Mdm

**OUR REF : CC4/ASM18011104/Awb3**

**YOUR REF : SKK 2289H**

**ACCIDENT INVOLVING SKK 2289H & SLM 69S ALONG NORTH BUONA VISTA RD  
ENTRE SLIP RD INTO AYE ON 14/06/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **Premium Automobiles Pte Ltd** acting on behalf of the owner of SKM 69S against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) within 7 days **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us 6841 8625 or email us at Vivianlau@lkkauto.com

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Vivian Lau  
Case Handler  
DID: 6841 8625  
FAX: 6741 4108  
EMAIL: Vivianlau@lkkauto.com

c.c. AXA Insurance Pte Ltd  
(Motor Claims Dept)

## **Letter of Authorization**

**Your ref: SKK2289H**

**Our ref:** PA/TP/0686/2018/TF

17 July, 2018

**Mr. Kester Andrew Lim Tan**

10 Lakeshore View

Singapore 098152

**AXA Insurance Singapore Pte Ltd**

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claims Dept

Dear Sir/ Mdm,

**Accident involving SLM69S & SKK2289H**

**At South Buona Vista Road on 14 June 2018.**

I am the registered owner of SLM69S.

I confirm that I will be claiming for Rental Charges / Loss of Use and hereby authorize your esteemed company to settle Rental Charges / Loss of Use and repair bill directly with Premium Automobiles Pte Ltd.

Your kind attention will be greatly appreciated.

Yours faithfully,



Mr. Kester Andrew Lim Tan

Copy to Norah Khai, Premium Automobiles Pte Ltd

## **Letter of Authorization**

**Your ref: SKK2289H**

**Our ref: PA/TP/0686/2018/TF**

17 July, 2018

**Mr. Kester Andrew Lim Tan**

10 Lakeshore View  
Singapore 098152

**AXA Insurance Singapore Pte Ltd**

8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811  
Attn: Motor Claims Dept

Dear Sir/ Mdm,

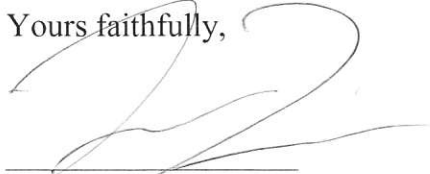
**Accident involving SLM69S & SKK2289H  
At South Buona Vista Road on 14 June 2018.**

I am the registered owner of SLM69S.

I confirm that I will be claiming for Medical bills and  
hearby authorize your esteemed company to settle Medical bills  
and repair bill directly with Premium Automobiles Pte Ltd.

Your kind attention will be greatly appreciated.

Yours faithfully,



Mr. Kester Andrew Lim Tan

Copy to Norah Khai, Premium Automobiles Pte Ltd



redefining / insurance

CLAIM REF : S8M00KUA  
INSURED : PAU KENG YIN ANNETTE MARIE

**DISCHARGE VOUCHER**

We/I KESTER ANDREW LIM TAN, S8574898Z hereby agree to accept the sum of dollars Six Hundred Sixty one and Cents Twenty Five (**S\$ 661.25**) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. SKK 2289H as a result of an accident along NORTH BUONA VISTA RD TWDS SLIP RD INTO AYE on 14/06/208 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLM 69S

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SKK 2289H in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. SKK 2289H.

Dated this 29 day of APR 2019

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : \_\_\_\_\_

Occupation/ Business : \_\_\_\_\_

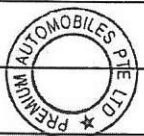
Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Witness's Name : MASTURA GSI MAN

Witness's Signature : [Signature]

Witness's NRIC No. : S86036254





redefining / insurance

CLAIM REF : S8M00KUA  
INSURED : PAU KENG YIN ANNETTE MARIE

**DISCHARGE VOUCHER**

We/I KESTER ANDREW LIM TAN, S8574898Z hereby agree to accept the sum of dollars Thirty Five Thousand One Hundred Five and Cents Ten Only (**S\$ 35,105.10**) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. SKK 2289H as a result of an accident along NORTH BUONA VISTA RD TWDS SLIP RD INTO AYE on 14/06/208 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLM 69S

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SKK 2289H in connection directly or indirectly with the said accident and give our/my full and final discharge.

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It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. SKK 2289H.

Dated this 29 day of APR 2019

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : \_\_\_\_\_

Occupation/ Business : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Witness's Name : MASTURA OSMAN

Witness's Signature : [Signature]

Witness's NRIC No. : 9860362511





redefining / insurance

CLAIM REF : S8M00KUA  
INSURED : PAU KENG YIN ANNETTE MARIE

**DISCHARGE VOUCHER**

We/I KELSEY CO CHENG S 8775581I hereby agree to accept the sum of dollars Six Hundred Sixty one and Cents Twenty Five (**S\$ 661.25**) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. **SKK 2289H** as a result of an accident along NORTH BUONA VISTA RD TWDS SLIP RD INTO AYE on 14/06/208 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **SLM 69S**

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. **SKK 2289H** in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. **SKK 2289H**.

Dated this 29 day of APR 2019

Claimant's Signature : 

NRIC no./ Company Stamp : \_\_\_\_\_

Occupation/ Business : \_\_\_\_\_

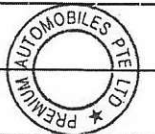
Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Witness's Name : MASTURA OSMAN

Witness's Signature : 

Witness's NRIC No. : S8603625H







# Premium Automobiles Pte Ltd

Audi Centre Singapore  
281 Alexandra Road  
Singapore 159938  
Main Telephone 6836 2223  
Main Telefax 6471 3733  
Page 1 15:22

Alexandra Service Centre  
281 Alexandra Road  
Singapore 159938  
Telephone 6388 2223  
Telefax 6475 1023

Ubi Service Centre  
55 Ubi Road 1  
Singapore 408699  
Telephone 6388 2223  
Telefax 6841 1183  
INS TAX INVOICE  
Company Reg. No. 199902271W  
GST Reg. No. 199902271W

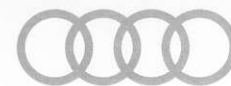
Customer Service  
Service Appointment 6366 2323  
24-hour Breakdown Service 9828 1233  
Email customer.care@premiumauto.com.sg

AXA INSURANCE PTE LTD MOTOR CLAIM DEPT 8 SHENTON WAY, #27-01 AXA TOWER, SINGAPORE 068811 068811	Invoice: 85013085 Date : 07/11/2018 Order : SLM0069S Term : 30	Account: A0008 (T 0) AXA INSURANCE PTE LTD MOTOR CLAIM DEPT 8 SHENTON WAY, #27-01 AXA TOWER, SINGAPORE 068811
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Regn No.: SLM0069S (V 32660) Regn Date: 09/03/2017 Mileage: 30805 WIP No.: 13829  
Model: S4 SEDAN 3.0 TFSI qu tip 8W2S4 Chassis: WAUZZZF47HA095266 Engine: CWG 003119 Dept: U  
VSB No.:  
You have been assisted by :- UB-Jiayee ( 11 )

		Details	Qty	Unit Price	Amount
S	SUBLET	M: TO SUPPLY VEHICLE NUMBER PLATE	25.00	1.00	25.00
S	BODYWORK	M: TO REMOVE AND RENEW REAR PARKING AID AND REAR LID KICK SENSOR	360.00	1.00	360.00
S	BODYWORK	M: TO DISLodge AND REINSTALL REAR WIRE HARNESS, AUDIO EQUIPMENT, CONTROL UNITS, RELAY AND FUSE TRAYS, END PANELLING, SPARE WHEEL HOUSING AND REAR LID HARNESS.	1800.00	1.00	1,800.00
S	BODYWORK	M: TO REMOVE AND REINSTALL REAR SEAT, BACK REST, CARPETS, ABCD PILLAR TRIMS, DISENGAGE AIRBAG SYSTEM	1800.00	1.00	1,800.00
S	BODYWORK	M: TO DISMANTLE REAR BUMPER AND REAR LID. CUT OUT AND WELD REAR END PANELS, SPARE WHEEL HOUSING AND CROSS MEMBERS. REPAIR AND ALIGN WHOLE REAR	3600.00	1.00	3,600.00
Sub-Total					
7% GST					
Grand Total					

Customer



# Premium Automobiles Pte Ltd

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281 Alexandra Road  
Singapore 159938  
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Page 2 15:22

Alexandra Service Centre  
281 Alexandra Road  
Singapore 159938  
Telephone 6388 2223  
Telefax 6475 1023

Ubi Service Centre  
55 Ubi Road 1  
Singapore 408609  
Telephone 6388 2223  
Telefax 6841 1183

Customer Service  
Service Appointment  
24-hour Breakdown Service  
Email customer.care@premiumauto.com.sg  
6366 2323  
9828 1233

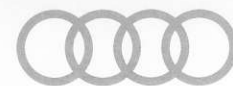
INS TAX INVOICE  
Company Reg. No. 199902271W  
GST Reg. No. 199902271W

AXA INSURANCE PTE LTD MOTOR CLAIM DEPT 8 SHENTON WAY, #27-01 AXA TOWER, SINGAPORE 068811 068811	Invoice: 85013085 Date : 07/11/2018 Order : SLM00695 Term : 30	Account: A0008 (T 0) AXA INSURANCE PTE LTD MOTOR CLAIM DEPT 8 SHENTON WAY, #27-01 AXA TOWER, SINGAPORE 068811
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Regn No.: SLM00695 (V 32660) Regn Date: 09/03/2017 Mileage: 30805 WIP No.: 13829  
Model: S4 SEDAN 3.0 TFSI qu tip 8W2S4 Chassis: WAUZZZF47HA095266 Engine: CWG 003119 Dept: U  
VSB No.:  
You have been assisted by :- UB-Jiayee ( 11 )

		Details	Qty	Unit Price	Amount
S	BODYWORK	SUBSTRUCTURE TO POSITION.RENEW REAR BUMPER AND REAR LID.REINSTALL ALL PARTS REMOVED M:	400.00	1.00	400.00
S	BODYWORK	TO CARRY OUT STONE CHIP PRIMER WORK ON REAR PANELLING AND SPARE WHEEL HOUSING M:	2500.00	1.00	2,500.00
S	BODYWORK	TO SPRAY PAINT ON REAR BUMPER,REAR LID,SPARE WHEEL HOUSING AND END PANELLING.TO CARRY OUT JOINT SEALER WORK AND CAVITY PRESERVATION M:	780.00	1.00	780.00
S	BODYWORK	TO SPRAY AND INSTALL REAR LID SPOILER M:	240.00	1.00	240.00
S	BODYWORK	TO CARRY OUT WHEEL ALIGNMENT M:	384.00	1.00	384.00
S	BODYWORK	TO CARRY OUT DIAGNOSTIC CHECK M:	780.00	1.00	780.00
		TO SUPPLY ACRYLIC SEALER,CAVITY WAX,STONE CHIP AND METAL FILLER POWDER			
Sub-Total					
7% GST					
Grand Total					

Customer



# Premium Automobiles Pte Ltd

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Alexandra Service Centre

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Service Appointment

24-hour Breakdown Service

Email

customer.care@premiumauto.com.sg

6366 2323

9828 1233

INS TAX INVOICE

Company Reg. No. 199902271W

GST Reg. No. 199902271W

AXA INSURANCE PTE LTD	Invoice: 85013085	Account: A0008 (T 0)
MOTOR CLAIM DEPT	Date : 07/11/2018	AXA INSURANCE PTE LTD
8 SHENTON WAY,	Order : SLM0069S	MOTOR CLAIM DEPT
#27-01 AXA TOWER,	Term : 30	8 SHENTON WAY,
SINGAPORE 068811 068811		#27-01 AXA TOWER,
		SINGAPORE 068811

Regn No.: SLM0069S (V 32660) Regn Date: 09/03/2017 Mileage: 30005 WIP No.: 13829

Model: S4 SEDAN 3.0 TFSI qu tip 8W2S4 Chassis: WAUZZZF47HA095266 Engine: CWG 003119 Dept: U

VSF No.:

You have been assisted by :- UB-Jiayee ( 11 )

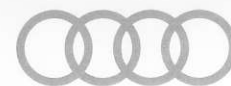
		Details	Qty	Unit Price	Amount
S	BODYWORK	M: TO REPAIR LHS REAR FENDER	600.00	1.00	600.00
S	BODYWORK	M: TO RESPRAY LHS REAR FENDER	800.00	1.00	800.00
Q	OTHERS	M: TO REWRAP STICKER ON AFFECTEND AREA (BY OWNER)	1500.00	1.00	1,500.00
X	A8W5807067E GRU	COVER (SK) (A)	1.00	2467.00	2,467.00
X	A8W5867975M CA9	TRIM PANEL (SK) (A)	1.00	289.50	289.50
X	A8W0012169J	BIN (SK) (A)	1.00	79.30	79.30
X	A8W5809305	SUPPORT (V) (G)	1.00	85.20	85.20
X	A8W5809306	SUPPORT (V) (G)	1.00	85.20	85.20
X	A8W0853828	COVER (V)	1.00	94.10	94.10
X	A8W0853827	COVER (V)	1.00	94.10	94.10
X	A8W5945094B	TAIL LIGHT	1.00	815.50	815.50
X	A8W5945091C	LED TAIL LIGHT	1.00	915.00	915.00
X	A8W5945093B	TAIL LIGHT	1.00	815.50	815.50
X	A8W5827025J	LID	1.00	2362.00	2,362.00
X	A8W0853551 3Q7	MOLDING	1.00	919.50	919.50

Sub-Total

7% GST

Grand Total

Customer



# Premium Automobiles Pte Ltd

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281-Alexandra Road

Singapore 159938

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Alexandra Service Centre

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Ubi Service Centre

55 Ubi Road 1

Singapore 408649

Telephone 6388 1183

Telefax 6841 1183

Customer Service

Service Appointment

24-hour Breakdown Service

Email

customer.care@premiumauto.com.sg

6366 2323

9828 1233

INS TAX INVOICE

Company Reg. No. 199902271W

GST Reg. No. 199902271W

AXA INSURANCE PTE LTD

MOTOR CLAIM DEPT

8 SHENTON WAY,

#27-01 AXA TOWER,

SINGAPORE 068811 068811

Invoice: 85013085

Date : 07/11/2018

Order : SLM00695

Term : 30

Account: A0008 (T 0)

AXA INSURANCE PTE LTD

MOTOR CLAIM DEPT

8 SHENTON WAY,

#27-01 AXA TOWER,

SINGAPORE 068811

Regn No.: SLM00695 (V 32660)

Regn Date: 09/03/2017

Mileage: 30805

WIP No.: 13829

Model: S4 SEDAN 3.0 TFSI qu tip 8W2S4

Chassis: WAUZZZF47HA095266

Engine: CWG 003119

Dept: U

VSF No.:

You have been assisted by :- UB-Jiayee

( 11 )

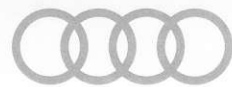
		Details	Qty	Unit Price	Amount
X	A0W0807521D RP5	SPOILER	1.00	710.00	710.00
X	A0W5863471B 4PK	TRIM PANEL	1.00	146.00	146.00
X	A0W5813331TA	REINFORCE	1.00	445.00	445.00
X	A0W0807309B	BRACKET (V)	1.00	785.50	785.50
X	A0W5813307A	REAR APRON	1.00	229.50	229.50
X	A0W5807889	GUIDE	1.00	18.60	18.60
X	A0W5853742 2ZZ	AUDI SIGN	1.00	107.50	107.50
X	A0W5807838	TRIM	1.00	34.10	34.10
X	A0W5807837	TRIM	1.00	34.10	34.10
X	A0D08537376 2ZZ	INSCRIPTION 'S4'	1.00	107.50	107.50
X	A0W5807890	GUIDE	1.00	18.60	18.60
X	A0W5810614	REINFORCEM (V)	1.00	179.50	179.50
X	A0W5810613	REINFORCEM (V)	1.00	179.50	179.50
X	A0W0807900	STRIP	1.00	191.00	191.00
X	A0W0827503	LATCH	1.00	202.00	202.00
X	A0W5827507	PLATE (N/S-SK) (A)	1.00	28.10	28.10
X	A0D0853419F	PACKING	1.00	14.50	14.50
X	A0W5827520 9B9	CAP	1.00	6.10	6.10

Sub-Total

7% GST

Grand Total

Customer



# Premium Automobiles Pte Ltd

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Singapore 159938  
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Page 5 15:22

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Ubi Service Centre  
55 Ubi Road 1  
Singapore 408691  
Telephone 6388 2223  
Telefax 6841 1183  
**INS TAX INVOICE**  
Company Reg. No. 199902271W  
GST Reg. No. 199902271W

Customer Service  
Service Appointment  
Hour Breakdown Service  
Email  
6366 2323  
9828 1233  
customer.care@premiumauto.com.sg

AXA INSURANCE PTE LTD MOTOR CLAIM DEPT 8 SHENTON WAY, #27-01 AXA TOWER, SINGAPORE 068811 068811	Invoice: 85013085 Date : 07/11/2018 Order : SLM00695 Term : 30	Account: A0008 (T 0) AXA INSURANCE PTE LTD MOTOR CLAIM DEPT 8 SHENTON WAY, #27-01 AXA TOWER, SINGAPORE 068811
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Model: S4 SEDAN 3.0 TFSI qu tip 8W2S4 Chassis: WAUZZZF47HA095266 Engine: CWG 003119 Dept: U  
VSB No.:  
You have been assisted by :- UB-Jiayee ( 11 )

		Details	Qty	Unit Price	Amount
X	ABW5827589	BUMPER	2.00	14.00	28.00
X	ABW5945256	TRIM (SK) (A)	1.00	25.10	25.10
X	ABW5945254	TRIM	1.00	25.10	25.10
X	ABW5945253	TRIM	1.00	25.10	25.10
X	ABW5945255	TRIM	1.00	25.10	25.10
X	A500919275B GRU	SENSOR	3.00	210.50	631.50
X	ABW0804171	PLATE (Ger)	1.00	132.50	132.50
X	ABW5827705D	WTHRSTRIP	1.00	175.50	175.50
X	AN 90536901	RIVET	6.00	0.70	4.20
X	ABW5807833 9B9	TRIM	1.00	250.00	250.00
X	ABW5827933 GRU	SPOILER	1.00	1307.00	1,307.00

Parts 15,088.10  
Labour 1,500.00  
Sublet 14,069.00  
Menus 0.00  
Lubricant 0.00

Sub-Total 30,657.10  
7% GST 2,146.00  
Grand Total 32,803.10



Received by

For & on behalf of  
Premium Automobiles Pte Ltd

Customer

**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

**Third Party Insurer Enquiry**

Our Ref No: GR-18-091367

Date of Request: 14/06/2018

Your Ref No:

Online Purchase

Premium Automobiles Pte Ltd  
55 Ubi Road 1  
Singapore 408699

Dear Sir/Madam,

Enquiry Date 14/06/2018  
Enquiry By Tony Foong Chin Fong  
TP Vehicle No. SKK2289H  
Accident Date 14/06/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKK2289H	AXA Insurance Pte Ltd	26/07/2017-25/07/2018	6338 7288

Thank You.

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.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-091367

Date of Request: 14/06/2018

Your Ref No:

Online Purchase

Premium Automobiles Pte Ltd  
55 Ubi Road 1  
Singapore 408699

Dear Sir/Madam,

Enquiry Date 14/06/2018  
Enquiry By Tony Foong Chin Fong  
TP Vehicle No. SKK2289H  
Accident Date 14/06/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

## MEDICAL CERTIFICATE

NRIC : S8574898Z  
NAME : KESTER ANDREW LIM TAN

VISIT DATE : 14 Jun 2018 (14:55)  
VISIT NO : G09818017236

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 1 day from 14 Jun 2018 to 14 Jun 2018

DOCTOR : TAN PIK LING (M19908G)  
CLINIC : 24 HR EMERGENCY CLINIC  
ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

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

Printed: 14 Jun 2018, 05:14PM

\*This certificate is electronically generated. No signature is required.

**RafflesHospital**  
24 HR EMERGENCY  
585 North Bridge Road  
Raffles Hospital -01-00 Singapore 188770  
Tel: (65) 6311 1555 Fax: (65) 6311 1182



## TAX INVOICE

GST REGN NO. : M9-0000467-N	PAGE : 1 of 1
VISIT NO. : G09818017236	BILL TYPE : PATIVNOUT
VISIT DATE/TIME : 14-JUN-2018 02:38PM	BILL DATE : 14-JUN-2018
INVOICE NO. : PG09818017236-1	PATIENT NAME : KESTER ANDREW LIM TAN
PAY BY : SELF	PATIENT ID NO. : S8574898Z
PAYER NAME : KESTER ANDREW LIM TAN	POLICY NO. :
ADDRESS : 10 LAKESHORE VIEW SINGAPORE 098152	

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			60.00
PRACTICE COST			
PRACTICE COST	1.0	20.00	
			20.00
RADIOLOGY			
CT HEAD (PLAIN)	1.0	538.00	
			538.00
SUB-TOTAL			618.00
TOTAL CHARGES BEFORE GST			618.00
GST @ 7%			43.26
TOTAL CHARGES AFTER GST			661.26
LESS ROUNDING ADJUSTMENT			(0.01)
TOTAL AMOUNT PAID			(661.25)
REG1800763873 - 14/06/2018 - VISA		661.25	
TOTAL BALANCE DUE			0.00

RafflesHospital

24 HR EMERGENCY

1000 North Bridge Road, Singapore 188770

Tel: 6311 1555 Fax: 6311 1555

585 NORTH BRIDGE ROAD #01-00 RAFFLES HOSPITAL SINGAPORE 188770 T:63111555

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST/Registration No: M9-0000467-N

• TAX INVOICE

GST REGN NO. : M9-0000467-N PAGE : 1 of 1  
VISIT NO. : G09818017234 BILL TYPE : PATIVNOUT  
VISIT DATE/TIME : 14-JUN-2018 02:31PM BILL DATE : 14-JUN-2018  
INVOICE NO. : PG09818017234-1 PATIENT NAME : KELSEY CO CHENG  
PAY BY : SELF PATIENT ID NO. : S8775581I  
PAYER NAME : KELSEY CO CHENG POLICY NO. :  
ADDRESS : 10 LAKESHORE VIEW SINGAPORE 098152

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			60.00
PRACTICE COST			
PRACTICE COST	1.0	20.00	
			20.00
RADIOLOGY			
CT HEAD (PLAIN)	1.0	538.00	
			538.00
SUB-TOTAL			618.00
TOTAL CHARGES BEFORE GST			618.00
GST @ 7%			43.26
TOTAL CHARGES AFTER GST			661.26
LESS ROUNDING ADJUSTMENT			(0.01)
TOTAL AMOUNT PAID			(661.25)
REG1800763878 - 14/06/2018 - VISA		661.25	
TOTAL BALANCE DUE			0.00

RafflesHospital  
EMERGENCY

Singapore 188770  
6311 1155

585 NORTH BRIDGE ROAD #01-00 RAFFLES HOSPITAL SINGAPORE 188770 T:63111555

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



RAFFLES MEDICAL GROUP

585 NORTH BRIDGE ROAD

24 HRS EMERGENCY

LEVEL 1 RAFFLES HOSPITAL

SINGAPORE 18700

SALE

DATE/TIME: 14JUN18 17:18  
TID:40202219 MID:168168291680  
INVOICE#: 065375 BATCH#: 001641  
VISA EXPIRY  
XXXX XXXX XXXX 8705 XX/XX  
APPR CODE:003065 HOST: DBS  
PAYWAVE\* RRN:816509065375  
TC:C43A54C4168D5CC0 AID:A0000000031010  
VISA TVR:0000000000

TOTAL SGD 1322.50

SIGN X

I AGREE TO PAY THE ABOVE TOTAL AMOUNT

ACCORDING TO CARD ISSUER AGREEMENT

\*\*\* CUSTOMER COPY \*\*\*

# Raffles Diagnostica

Company Reg No : 199202734G

Date : 14/6/2018

Name : KELSEY CO CHENG

Sex : Female Age : 031Y

NRIC : S8775581I

Alt ID : -

Referring Doctor : GOH YAO CHEN

Referring Clinic : RMG IST LEVEL - 24HR EMERGENCY

Performing Centre : RADIOLOGY (RAFFLES HOSPITAL)

Clinic Visit No : G09818017234

Accession No : 186300116181

## CT HEAD - NON CONTRAST

### TECHNIQUE:

CT of the brain was performed without IV contrast administration.

Review of old films: None

### SUMMARY:

No significant intracranial abnormality

### FINDINGS:

There is no established infarction or acute intracranial haemorrhage.

No mass effect, midline shift or hydrocephalus is seen.

The posterior fossa is grossly unremarkable

Sella is grossly unremarkable.

No depressed cranial vault fracture is seen.

DR AMOGH NARAYAN HEGDE

MBBS(India), FRCR(UK)

Consultant, Radiology Department

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Page 1 of 1

Raffles Diagnostica Pte Ltd Company Registration No.: 199202734G

#### Laboratory

Radiology  
Changi Airport Terminal 3  
Marina Bay Financial Centre  
Raffles Holland V  
Shaw Centre  
Raffles Place  
Tampines 1

585 North Bridge Road Level 7 Raffles Hospital Singapore 188770 | Tel: (65) 6311 1760 | Fax: (65) 6311 1194

585 North Bridge Road Level 2 Raffles Hospital Singapore 188770 | Tel: (65) 6311 1290 | Fax: (65) 6311 1192  
65 Airport Boulevard #B2-01 Changi Airport Terminal 3 Singapore 819663 | Tel: (65) 6241 8818 | Fax: (65) 6241 3498  
12 Marina Boulevard #17-05 Marina Bay Financial Centre Tower 3 Singapore 018982 | Tel: (65) 6636 0390 | Fax: (65) 6636 4553  
118 Holland Avenue #05-02/03/04 Raffles Holland V Singapore 278997 | Tel: (65) 6255 1101 | Fax: (65) 6250 9919  
1 Scotts Road #04-09 to 14 Shaw Centre Singapore 228208 | Tel: (65) 6838 0080 | Fax: (65) 6838 8885  
50 Raffles Place #01-02A Singapore Land Tower Singapore 048623 | Tel: (65) 6535 2222 | Fax: (65) 6533 7811  
10 Tampines Central 1 #03-28 Tampines One Singapore 529536 | Tel: (65) 6260 5116 | Fax: (65) 6787 2311

# RafflesDiagnostica

Company Reg No : 199202734G

Date : 14/6/2018

Name : KESTER ANDREW LIM TAN

Sex : Male Age : 032Y

NRIC : S8574898Z

Alt ID : -

Referring Doctor : TAN PIK LING

Referring Clinic : RMG IST LEVEL - 24HR EMERGENCY

Performing Centre : RADIOLOGY (RAFFLES HOSPITAL)

Clinic Visit No : G09818017236

Accession No : 186300116179

## CT HEAD - NON CONTRAST

Non-enhanced CT scan of brain was performed. No previous study is available for comparison.

No acute intracranial haemorrhage or evidence of acute territorial infarct is seen. The grey-white matter differentiation is maintained. No mass effect or midline shift. No hydrocephalus. The basal cisterns are preserved.

Mucosal retention cysts are seen in bilateral maxillary sinuses. Mucosal thickening is seen in bilateral ethmoid and sphenoid sinuses. The orbits and mastoids are unremarkable. No skull fracture.

Impression:

No acute intracranial haemorrhage or evidence of acute territorial infarct or skull fracture.

DR PRAVIN MUNDADA

MBBS (INDIA), FRCR (UK)

Consultant, Radiology Department

*This is a computer generated result, no signature is required.*

Printed on 14/6/2018 17:01:25

Page 1 of 1

Raffles Diagnostica Pte Ltd Company Registration No.: 199202734G

### Laboratory

#### Radiology

Changi Airport Terminal 3  
Marina Bay Financial Centre  
Raffles Holland V  
Shaw Centre  
Raffles Place  
Tampines 1

585 North Bridge Road Level 7 Raffles Hospital Singapore 188770 | Tel: (65) 6311 1760 | Fax: (65) 6311 1194

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10 Tampines Central 1 #03-28 Tampines One Singapore 529536 | Tel: (65) 6260 5116 | Fax: (65) 6787 2311

ATTENDANCE SLIP

Patient Name: KELSEY CO CHENG Employee No:  
NRIC No: S8775581I Alternate ID:  
Visit Date: 14-Jun-2018 Visit No: G09818017234  
Contract Code:

☒ This is to certify that the above names was at the clinic at 14: 31 hours and left at 17: 18 hours.

☐ Your next appointment will be on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time)

REVIEW  
IF NECESSARY

Issue Staff Name: ONG YU MIN JASMINE  
Print Date: 14-Jun-2018 17:06

RafflesHospital  
RAFFLES MEDICAL GROUP LTD

585 North Bridge Road Singapore 188770  
T: 6311 1555 Fax: (65) 6311 1182

RAFFLES HOSPITAL 585 NORTH BRIDGE ROAD SINGAPORE 188770 . T:63111555

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

ATTENDANCE SLIP

Patient Name: KESTER ANDREW LIM TAN Employee No:  
NRIC No: S8574898Z Alternate ID:  
Visit Date: 14-Jun-2018 Visit No: G09818017236  
Contract Code:

☒ This is to certify that the above names was at the clinic at 14: 38 hours and left at 17: 18 hours.

☐ Your next appointment will be on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time)

REVIEW  
IF NECESSARY

Issue Staff Name: ONG YU MIN JASMINE  
Print Date: 14-Jun-2018 17:06

RafflesHospital  
RAFFLES MEDICAL GROUP LTD

585 North Bridge Road Singapore 188770  
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RAFFLES HOSPITAL 585 NORTH BRIDGE ROAD SINGAPORE 188770 . T:63111555  
Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N