



## CITY AUTO PTE LTD

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643.  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel: 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Yr ref : CC4/AIG18013899/Khb3  
Our ref: SFR8831A

WITHOUT PREJUDICE

27<sup>th</sup> September 2018

Attn: Motor Claim Dept

Dear Sir/Mdm,

**AIG ASIA PACIFIC INSURANCE PTE.LTD**  
**NO. 78**  
**SHENTON WAY #07-16**  
**SINGAPORE 079120**

**Accident involving SLG9514X and SFR8831A on 26/07/2018**

We refer to the above said accident.

We enclosed herewith relevant documents as stated below:-

- 1) Accident report of SFR8831A with police report
- 2) Repair tax invoice
- 3) Letter of authorization
- 4) GIA search receipt
- 5) Rental agreement
- 6) Medical receipt

As instructed, we are claiming the following as stated below:-

1) Cost of repair	\$	6,840.50
2) Loss of rental (6 days x \$ 120) Include GST	\$	770.40
3) GIA search fee	\$	2.00
4) Medical expenses	\$	276.45
<b>TOTAL:</b>	<b>\$</b>	<b>7,889.35</b>

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thanks & regards

Vronica Law (Claim dept.)  
Tel: 6453 1235  
Fax: 6453 7944  
Email: [cityauto@singnet.com.sg](mailto:cityauto@singnet.com.sg)



# CITY AUTO PTE LTD

*One Stop Automotive Solution*

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
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## AIG ASIA PACIFIC INSURANCE PTE. LTD

NO. 78  
SHENTON WAY #07-16  
SINGAPORE 079120

Attention: Motor Claim Department

Contact : 6338 7288

Fax No. : 6880 4838

## TAX INVOICE

Tax Invoice : I2018-006808

Date : 27/09/2018

Vehicle No. : SFR8831A

Make / Model : NISSAN SYLPHY 1.6 CVT ABS  
D/AIRBAG 2WD 4DR

Mileage (km) : 58734

Chassis No. : MNTBBAB17Z0024640

Accident Date : 26/07/2018

Claim No. : CC4/AIG18013899/Khb3

Reference : JO201807-0711

Policy No. : D17MTPV0101309

S/No.	Particular	Quantity	Unit Price	Amount
			S\$	S\$
<b>NET ITEMS :</b>				
1	Rear boot lid	1.0	846.00	846.00
2	Rear boot weatherstrip	1.0	101.50	101.50
3	Rear boot lock	1.0	112.50	112.50
4	Rear boot logo	1.0	66.40	66.40
5	Rear boot emblem - Sylphy	1.0	87.00	87.00
6	Rear boot emblem - Pure drive	1.0	56.20	56.20
7	Rear boot chrome moulding - upper	1.0	232.70	232.70
8	Rear boot inner trim clips	12.0	5.80	69.60
9	Rear bumper	1.0	680.00	680.00
10	Rear bumper sponge LH	1.0	133.20	133.20
11	Rear end panel	1.0	464.50	464.50
12	Rear end panel top garnish	1.0	85.00	85.00
13	Taillamp side clip holder	1.0	81.50	81.50
14	Spare wheel top board	1.0	495.00	495.00
List Total :				3,511.10
10% Discount S\$ :				351.11
				3,159.99
<b>SPECIAL NET :</b>				
1	Rear number plate garnish	1.0	45.00	45.00
2	Rear boot chrome moulding - Lower	1.0	123.00	123.00
3	Rear boot lamp RH	1.0	385.00	385.00
4	Reverse sensor	1.0	200.00	200.00
5	Rear view camera	1.0	400.00	400.00
SPECIAL NET Total S\$:				1,153.00
<b>LABOUR :</b>				
-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts			800.00	800.00
- Spray painting on affected & replace parts			1,000.00	1,000.00
- To check wiring and lighting			20.00	20.00
- To spray under coating			60.00	60.00
- To supply panel sealant and to seal off all weld spot seam gaps			30.00	30.00
- To install reverse sensor and rear view camera			90.00	90.00
- To remove trims and upholstery			80.00	80.00
LABOUR Total S\$:				2,080.00

CONTINUE NEXT PAGE



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Date : 27/09/2018

Vehicle No. : SFR8831A

Make / Model : NISSAN SYLPHY 1.8 CVT ABS  
D/AIRBAG 2WD 4DR

Mileage (km) : 56734

Chassis No. : MNTBBAB17Z0024640

Accident Date : 26/07/2018

Claim No. : CC4/AIG18013899/Khb3

Reference : JO201807-0711

Policy No. : D17MTPV0101309

S/No.	Particular	Quantity	Unit Price	Amount
			S\$	S\$

Total S\$ : 6,392.99

GST @ 7% S\$ : 447.51

Grand Total S\$ : 6,840.50

CASH / NETS / CREDIT CARD PAYMENT ONLY

Customer's Signature/Co. Stamp

  
for CITY AUTO PTE LTD

Please note all works performed by City Auto Pte Ltd as performed in this invoice is subjected to the following Warranty conditions:

1) Any replacement of electrical components will carry 1 month warranty period from date of this invoice.

2) Any replacement of mechanical components will carry 3 months warranty period.

Please note that all warranty does not cover wear and tear conditions regardless of any components.

City Auto Pte Ltd reserves the right to determine any warranty conditions.

**Thank You For Your Business !**





## CITY AUTO PTE LTD

BLK 8, SIN MING IND, ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575843.  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel: 9828 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

### RE: LETTER OF AUTHORIZATION

Name of owner: YEE PUI YING NRIC: S1616994C

Address: BLK 83 REDHILL LANE # 06-77 SINGAPORE 150083

Name of Driver: YEE PUI YING NRIC: S1616994C

Address: BLK 83 REDHILL LANE # 06-77 SINGAPORE 150083

Accident on 26/07/2018 Involving SLG 9514X AND SFR8831A

At/along TOA PAYOH CENTRAL BY TOA PAYOH LOR 2

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle NISSAN SYLPHY at my/our request I/We the above owner of Motor Vehicle No: SFR 8831A do authorize them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further authorize them to give an absolute discharge on my/our behalf.

I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our behalf concerning the said claim and such, all future correspondence should be addressed to the said firm/co.

My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a valid discharge voucher or any other documents in connection with this on my/our behalf and for me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of repairs to my motor vehicle.

Owner Signature: Yee Pui Ying

Name: Yee Pui Ying

Date: 3/8/18

Witness Signature: CITY AUTO PTE LTD

Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 / Fax: 6453 7944  
(Claims Section)

Date: \_\_\_\_\_

### Third Party Insurer Enquiry

Our Ref No: GR-18-115233

Date of Request: 27/07/2018

Your Ref No: Online Purchase

City Auto Pte Ltd  
160 Sin Ming Drive #05-01,  
Sin Ming AutoCity,  
Singapore 575722

Dear Sir/Madam,

Enquiry Date 27/07/2018

Enquiry By Jason Quak Leng Hui

TP Vehicle No. SLG9514X

Accident Date 26/07/2018

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLG9514X	AIG Asia Pacific Insurance Pte. Ltd.	20/10/2017-19/10/2018	65-6419-3000

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.



RECORDS MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-115233

Date of Request: 27/07/2018

Your Ref No: Online Purchase

City Auto Pte Ltd  
160 Sin Ming Drive #05-01,  
Sin Ming AutoCity,  
Singapore 575722

Dear Sir/Madam,

Enquiry Date 27/07/2018  
Enquiry By Jason Quak Leng Hui  
TP Vehicle No. SLG9514X  
Accident Date 26/07/2018

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



# CLASSIC AUTO RENTAL PTE LTD

157 SIN MING ROAD #01-08 ANNEXE BLOCK  
AMTECH BUILDING, SINGAPORE 575624  
TEL: (65) 6553 3511 FAX: (65) 6553 3711  
EMAIL: reservation@classicauto.com.sg

OUR ref: SFR 8831A

RENTAL AGREEMENT NO 17775

COMPANY NO.: 199501324K

GST REGISTRATION NO: M2-8920243-9

TO BE PAID BY HIRER AND, WHERE APPLICABLE IN CLAUSE 1.2:				IN 73626 KM		DATE TIME 3/8/18 @ 1728hrs	
				OUT <del>10677</del> 73191 KM		DATE TIME 27/7/18 @ 1439hrs	
				DRIVEN KM		TOTAL DAYS HRS	
VEHICLE MAKE / MODEL CHEV AVRO Nardo				VEHICLE REGISTRATION NO 8JL 9212 SJY 7384X			
DAILY RATE (MIN 24 HRS) @ \$ 120				720		W	
METHOD OF PAYMENT				CREDIT APPROVAL / DATE / AMOUNT			
WEEKLY RATE @ \$							
AUTHORISED OPERATOR MR YEE PUI YING				MONTHLY RATE @ \$			
HOME ADDRESS BLOCK 83 R20111111 LAN?				ADDITIONAL DAY RATE @ \$			
#06-77 (150683)				PACKAGE RATE @ \$			
COMPANY				MALAYSIA USE <input type="checkbox"/> NO <input type="checkbox"/> YES			
COMPANY ADDRESS				MINIMUM RENTAL PERIOD 24 HRS		SUB TOTAL 720 W	
LOCAL CONTACT				RATES DO NOT INCLUDE PETROL BY TANK <input type="checkbox"/> BY KILOMETRES <input type="checkbox"/>		SUB TOTAL 720 W	
NRIC / PASSPORT NO 5161 69941C		COUNTRY OF ISSUE SG		DATE OF ISSUE 16 JAN 2018		REFUELLING CHARGE	
DRIVING LICENCE NO 5161 69941C		ISSUED BY LTA		EXPIRY DATE 21-7		SERVICE CHARGE	
PLACE OF BIRTH SINGAPORE		DATE OF BIRTH 09/04/1963		DECLINES LDW		ACCEPTS LDW	
ADDITIONAL AUTHORISED OPERATORS		DUE DATE		LOSS DAMAGE WAIVER (LDW) BY INITIALS, Hirer declines or accepts LDW. If the Hirer declines LDW at the rate shown, he shall be liable to the Owner the deductible/excess at the amount mentioned in the event of loss or damage to the Vehicle. If the Hirer accepts LDW, the Non Waivable Damage Excess (NWDE) referred in Clause 8.3 shall be at the amount mentioned. For driving in West Malaysia (excluding Thailand) both the amounts for deductible/excess and NWDE shall be two times (double/twice) the amount.		DEDUCTIBLE/EXCESS SINGAPORE USE \$	
ABOVE 25 YEARS OLD & BELOW 60 YEARS OLD <input type="checkbox"/>						NWDE SINGAPORE USE \$ 500	
INDICATE: D - DENTS S - SCRATCHES A - ACCIDENT LEFT TOP REAR RIGHT 				DECLINES PAI		ACCEPTS PAI	
				PERSONAL ACCIDENT INSURANCE (PAI) BY INITIALS, Hirer declines or accepts PAI. If "Accepts", Hirer accepts coverage at rate shown and acknowledges to have read the SYNOPSIS of coverage limits furnished by owner at rental.		PAI (PER DAY) \$	
						MISCELLANEOUS	
						OIL REPAIRS	
The vehicle is rented subject to all the terms and conditions on this page and on the reverse whether printed or handwritten. Note that the Vehicle is for use in Singapore only, unless otherwise authorised by the Owner in writing and unless a valid permit is obtained. Refer to Clause 1.2. Note also the exclusion of liability in Clause 5.				BUSINESS / OPERATING HOURS Vehicles can only be returned to the Owner's renting location during the operating hours: Mon - Friday 0830 - 1730 hrs Sat & eve of public holidays 0830 - 1230 hrs Sun & public holidays Closed		SUB TOTAL 720 W	
CASH CARD VALUE						GST @ 7 50 40	
X X						AMOUNT DUE 770 40	
REMARKS				DEPOSIT \$		LESS DEPOSIT (IF ANY)	
				PREPARED BY N OCA		COMPUTED BY JCH	
				REFUND COLLECTED BY		AMOUNT REFUND	

RENTAL AGREEMENT NO 17775

Manager



**MEDICAL CERTIFICATE**

Date : 26 Jul 2018 No. : 11-283441

Name: Wong Yoke Wan

NRIC: S6904077B

This is to certify that the above has been granted :

Outpatient Sick Leave 3 day(s)

From Friday, 27 Jul 2018 To Sunday, 29 Jul 2018

Notes:



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

Dr Shim

**access+medical**  
 (REDHILL CLOSE)  
86 Redhill Close #01-600 Singapore 150086 ☎ 6873-3165 ✉ 6873-3167

Access Medical  
 Redhill Close

81K 86 Redhill Close

#01-600 S(150086)

GST Reg No 2017135163

Rcpt#: 11-23646 26-07-18 22:47

POS 10: 1 Cashier: 193 Batch: 1708

Name: Wong Yoke Wan

PCNo: R021246

Item	Qty	Total
Painmo!	20.00	\$2.40
Sunpeccin 40	10.00	\$3.00
Consultation	1	\$14.00
<b>Total</b>		<b>\$19.40</b>
Incl GST		\$1.27
Rounding		\$0.00
Paid By:		
<b>NETS</b>		<b>\$19.40</b>

Thank you.

**MEDICAL CERTIFICATE**

Date : 26 Jul 2018 No. : 11-283440

Name: Yee Pui Ying  
NRIC: S1616994C

This is to certify that the above has been granted :

Outpatient Sick Leave 3 day(s)

From Friday, 27 Jul 2018 To Sunday, 29 Jul 2018

Notes:

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

Dr Shim

**access<sup>+</sup>medical**  
(REDHILL CLOSE)  
86 Redhill Close #01-600 Singapore 150086  
☎ 6873-3165 ☎ 6873-3167

**Access Medical**

**Redhill Close**

Blk 86 Redhill Close

#01-600 S(150086)

GST Reg No 201713516G

Note: 11-23647 26-07-18 22:47

POS ID: 1 Cashier: 193 Batch: 1708

Name: Yee Pui Ying

PCNo: R003002

Item	QTY	Total
Panadol	20.00	\$2.46
Sunapegin 40	10.00	\$3.00
Consultation	1	\$14.00
<b>Total</b>		<b>\$19.40</b>
Incl GST		\$1.27
Rounding		\$0.00
<b>Paid By:</b>		
<b>NETS</b>		<b>\$19.40</b>

Thank you.

## TAX INVOICE

TO:

MDM. WONG YOKE WAN  
BLK 83 #06-77  
REDHILL LANE  
SINGAPORE - 150083

MRN/NRIC : S6904077B  
CASE NO : 2800005255Z-00001  
VISIT DATE : 26.07.2018 23:28  
LOCATION : LCUC  
INVOICE DATE : 27.07.2018  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : 200910555Z

PATIENT NAME: WONG YOKE WAN  
LOCATION : ALEX URGENT CARE CENTRE

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT
A&E FACILITY/SERVICE FEE	220.00
Total Charges	220.00
Government Subsidy	110.00-
Total Amount Payable	110.00
<b>PAYMENT:</b>	
WONG YOKE WAN ( NETS - 27.07.2018 , RECEIPT #: L000001501 )	110.00
<b>TOTAL DUE AFTER PAYMENT</b>	0.00
<b>DUE FROM:</b>	
WONG YOKE WAN	0.00

### FOR INFORMATION

Total amount payable after GST is \$117.70.  
Total GST for this bill at 7% is \$7.70 which is absorbed by the Government.



(A) Enquiries

Department	Contact	Operating Hours
General Enquiries / Appointment Line	6472 2000	24 hours
Billing Enquiries	6511 4338 / payment@nhg.com.sg	Mon – Fri : 8.30am to 5.30pm Sat : 8.30am to 12.30pm

(B) Bill Payment

Payment Channel	Payment Mode	Operating Hours
Cashier Counters @ Alexandra Hospital	Cash / Credit Card / NETS / Cheque	<u>Clinics:</u> Mon – Fri : 8.30am to 5.30pm  <u>Admission &amp; Service Centre (AASC):</u> Mon – Fri : 9.00am to 6.30pm  <u>Urgent Care Centre:</u> 24-hours
By Post: Please mail to "Robinson Road, Post Office P.O. Box 2093, Singapore 904093	<u>Credit Card</u> Please fill in your credit card details in the Credit Card Payment Slip provided.  <u>Cheque</u> Please make sure your cheque is made payable to <b>Alexandra Hospital</b> , and write the Case number(s), Patient name and NRIC No. on the reverse of your cheque.	N.A.
AXS Kiosks	Credit Card / NETS (Please select <b>Alexandra Hospital</b> )	24-hours
Singapore Post Office Branches	Cash / Credit Card / NETS	Please refer to Singpost website: <a href="https://www.singpost.com/list-of-post-offices">https://www.singpost.com/list-of-post-offices</a>
Internet Banking	DBS Online Bill Payment / DBS Paytuh! (Please select Billing Organisation <b>Alexandra Hospital</b> )	24-hours

(C) Information on Medisave / MediShield Life / Integrated Shield Plan

1. View your Medisave and/or MediShield Life Claim details online

- 1) Login to mycpf online services with your SingPass at [www.cpf.gov.sg](http://www.cpf.gov.sg) and proceed to My Statement >> Section B >> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements up to last 15 months. For more information, please visit [www.cpf.gov.sg/members/faq](http://www.cpf.gov.sg/members/faq).

2. Reimbursement Information for Employers and Insurers

Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through the internet at [www.cpf.gov.sg](http://www.cpf.gov.sg) and proceed to Employers >> Services >> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan.

(D) Others

1. It is our policy to offset the credit balance from one bill against another outstanding bill with the same payment account.
2. If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.

(E) Feedback

We welcome your feedback or suggestions on our services. Please contact Service Quality at 6694 0070.

## TAX INVOICE

TO:

MR. YEE PUI YING  
BLK 83 #06-77  
REDHILL LANE  
SINGAPORE - 150083

MRN/NRIC : S1616994C  
CASE NO : 2800005267C-00001  
VISIT DATE : 26.07.2018 23:28  
LOCATION : LCUCC  
INVOICE DATE : 27.07.2018  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : 200910555Z

PATIENT NAME : YEE PUI YING  
LOCATION : ALEX URGENT CARE CENTRE

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT
A&E FACILITY/SERVICE FEE	220.00
Total Charges	220.00
Government Subsidy	110.00
Total Amount Payable	110.00
<b>PAYMENT:</b> YEE PUI YING ( NETS - 27.07.2018 , RECEIPT #: L000001502 )	110.00
<b>TOTAL DUE AFTER PAYMENT</b>	0.00
<b>DUE FROM:</b> YEE PUI YING	0.00

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AXS Kiosks	Credit Card / NETS (Please select <b>Alexandra Hospital</b> )	24-hours
Singapore Post Office Branches	Cash / Credit Card / NETS	Please refer to Singpost website: <a href="https://www.singpost.com/list-of-post-offices">https://www.singpost.com/list-of-post-offices</a>
Internet Banking	DBS Online Bill Payment / DBS PayLah! (Please select Billing Organisation <b>Alexandra Hospital</b> )	24-hours

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(D) Others

1. It is our policy to offset the credit balance from one bill against another outstanding bill with the same payment account.
2. If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.

(E) Feedback

We welcome your feedback or suggestions on our services. Please contact Service Quality at 6694 0070.



# TAX INVOICE

Page: 1/1

GST REG No : 20-0910555-Z  
S6904077B  
WONG YOKE WAN  
BLK B3 #06-77 REDHILL LANE  
SINGAPORE 150083

ORIGINAL  
TAX INVOICE : NUH8327607  
DATE : 27/07/2018 00:39:09  
Counter : ACP, Alex Pharmacy  
Cashier 2  
Cashier : plopez

Rx No: ACP-002817 on 27/07/2018

Patient/Order Type/Fin.Cl: AE/OP/NA

Account: 280000525501

<u>PRESCRIBED ITEM(S)</u>	<u>Qty</u>	<u>Gross</u>	<u>Payable</u>
<u>Standard List 1 (S1)</u>			
PARACETAMOL 450MG, ORPHENADRINE 35MG TAB	30 TA	\$3.00	\$0.00
KETOPROFEN 2.5% GEL 30G	1 TBE	\$3.73	\$0.00
Subtotal for S1		\$6.73	
Government Subsidy		-\$6.73	
Payable for S1 after Government Subsidy			\$0.00

<u>Non-Formulary (NF)</u>			
RANITIDINE 150MG TABLET	14 TA	\$2.10	\$2.10
Subtotal for NF		\$2.10	
Payable for NF			\$2.10

TOTAL AMOUNT	\$8.83	\$2.10
PAYMENT: CASH		\$4.00
OUTSTANDING AMOUNT		\$0.00

Cash Change	\$1.90
-------------	--------

Total amount excluding GST is \$2.10

Total amount including GST is \$2.25

Total GST for this bill at 7% is \$0.15 which is absorbed  
by the Government

**ALEXANDRA HOSPITAL**

378 Alexandra Road  
Singapore 159954  
TEL: (65) 6472 2000

**Alexandra Hospital**  
A member of the NUHS

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MEDICAL CERTIFICATE	REPRINT	ALEX18001475
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NAME: WONG YOKE WAN	NRIC: S6904077B
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Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 3 day(s) from 26-Jul-2018 to 28-Jul-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 26-Jul-2018 23:28 to 27-Jul-2018 00:05

27-Jul-2018  
Date  
A member of the NUHS

SRINESH BALAKRISHNAN  
(13550Z)  
Issued by

AH UCC  
Location



Signature

**ALEXANDRA HOSPITAL**

378 Alexandra Road  
Singapore 159964  
TEL: (65) 6472 2000

**Alexandra Hospital**  
A member of the NUHS

MEDICAL CERTIFICATE	ORIGINAL	ALEX18001474
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NAME: YEE PUI YING	NRIC: S1616994C
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Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 3 day(s) from 26-Jul-2018 to 28-Jul-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 26-Jul-2018 23:28 to 27-Jul-2018 00:04

27-Jul-2018

Date

A member of the NUHS

SRINESH BALAKRISHNAN  
(13550Z)

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Location

  
Signature