

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

27th 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:-

TOTAL:	5	7,889.35
4) Medical expenses	5	276.45
3) GIA search fee	\$	2.00
2) Loss of rental (6 days x \$ 120) Include GST	\$	770.40
1) Cost of repair	\$	6,840.50

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



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 24hrs Towing Services Tet 9823 9898 Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

### 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: 12018-006808

Date: 27/09/2018 Vehicle No.: SFR8831A

Make / Model: NISSAN SYLPHY 1.6 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

			1100-1010-1010-0010-0010-001	
S/No.	Particular	Quantity	Unit Price	Amount
Titure (const	DE SOCIEDADO		<u>9\$</u>	55
	NET ITEMS:	1000	246.00	846.00
1	Rear boot lid	1.0	846.00	101.50
2	Rear boot weatherstrip	1.0	101.50	112.50
3	Rear boot lock	1.0	112.50	0.000
4	Rear boot logo	1.0	66.40	66.40
5	Rear boot emblem - Slyphy	1.0	87.00	87.00
6	Rear boot emblem - Pure drive	1.0	56.20	56.2
7	Rear boot chrome moulding - upper	1.0	232.70	232.7
8	Rear boot inner trim clips	12.0	5.80	69.6
9	Rear bumper	1.0	680.00	680.0
10	Rear bumper sponge LH	1.0	133.20	133.20
11	Rear end panel	1.0	464.50	484.5
12	Rear end panel top garnish	1.0	85.00	85.0
13	Taillamp side clip holder	1.0	81.50	81.5
14	Spare wheel top board	1.0	495.00	495.0
	List Total:		11	3,511.1
	10% Discount S\$:		_	351.1
				3,159.9
	SPECIAL NET:		F892F2F2F	
1	Rear number plate garnish	1.0	45.00	45.0
2	Rear boot chrome moulding - Lower	1.0	123.00	123.0
3	Rear boot lamp RH	1.0	385.00	385.0
4	Reverse sensor	1.0	200.00	200.0
5	Rear view camera	1.0	400.00	400.0
	SPECIAL NET Total S\$:			1,153.0
	LABOUR:			200 0
	<ul> <li>To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts</li> </ul>		800.00	0.008
	- Spray painting on affected & replace parts		1,000.00	1,000.0
	- To check wring and lighting		20.00	20.0
	- To spray under coating		60.00	60.0
	- To supply panel sealant and to seal off all weld spot seam gaps		30.00	30.0
	- To install reverse sensor and rear view camera		90.00	90.0
	- To remove trims and upholstary		80.00	80.0
	LABOUR Total S\$:		_	2,080.00



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

24hrs Towing Services Tel: 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

### 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: 12018-006808

Date : 27/09/2018 Vehicle No. : SFR8831A

Make / Model: NISSAN SYLPHY 1.6 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

8\$ 8\$

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.



BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643. TEL: 6453 1235, 6452 0850 FAX: 6453 7844 24hrs Towing Services Tel: 9823 9898 Co. Peg. No.: 199503435C GST Reg. No.: 1/42-8920979-4

### RE: LETTER OF AUTHORIZATION

Name of owner: YEE PUI YING NRICE	S1616994(
Address: BLK 33 REDHILL LANE # 06-77 SINGAPORE	150083
Name of Driver: YEE PUT YING NRIC	: \$16169946
Address: BLK 33 REDHILL LANE # 06-77 SINGAPORE	150083
Accident on 36/07/2018 Involving SLG 9514X ANI	D SERTESIA
At/along TOA PAYOH CENTRAL BY TOA PAYOH LOR 2	#
In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle at my/our request I/We the above owner of Motor Vehicle No: if them to demand claims, settle and received whatever amount payable be or to commence legal proceeding if necessary in my/our name for the conservation, etc and to any of there appointed solicitors to act for me/us it accident/claim and all amounts claimed or settled shall be belong to the 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 behalf concerning the said claim and such, all future correspondence she said firm/co.	do authorize by the Insurance Co or Third Party cost or repair and the loss of an respect of the said am absolutely. I/We further er instruction on my/our
My/Our repairer authorize to receive on my/our behalf monies claims, valid discharge voucher or any other documents in connection with this me/us.  I/We further agree to fully co-operate and attend all court hearing that a	on my/our behalf and for
to prosecution and claim maintained by City Auto Pte Ltd.  I/We further agree to undertake to indemnify them against my/our clair therewith.	n for the cost which arises
In the event that my/our unsuccessful claim, I/We undertake to pay the repairs to my motor vehicle.	repairer for the cost of
Owner Signature: Witness Signature	CITY AUTO PTE LTD
Name: 144 Pui Ing Name:	01-58/60/62 Sin Ming Ind Est Singapore/575643 1: 0453 1235 Fax: 6453 7944
Date: Date:	(Claims Section)



### 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-18-115233

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,



### 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.

For GIARMC Official use:

Date:

[X] 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

RENTAL AGREEMENT NO 17775

AMOUNT

(IF ANY)

NET DUE

AMOUNT REFUND

COMPUTED BY

tch enerth

770

770

40

40

COMPANY NO.: 199501324K

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VEHICLE MAKE / MODEL  WERLY MAYER  ADDITIONAL DATE / AMOUNT  WERKLY RATE  O \$  ADDITIONAL DAY RATE  O \$  ADDITIONAL AUTHORISED DAY  ADDITIONAL AUTHORISED DOWN OF PERMONE  ADDITIONAL AUTHORISED DOWN OF PERMONE  ON THE ADDITIONAL DAY RATE  OR THE RESIDENT DAY OF THE RATE				OUT HOS	72-73191 KA	1 21	1/18 a	1439hr
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METHOD OF PRYMENT  CREDIT APPROVAL / DATE / AMOUNT  WEEKLY PATE  O S  AUTHORISED OPERATOR  MONTHLY RATE  O S  ADDITIONAL DAY RATE  O S  ADDITIONAL DAY RATE  O S  MALAYSIA USE  NO  YES  COMPANY ADDRESS  MINIMUM RENTAL PERIOD  J H PA  COMPANY ADDRESS  MINIMUM RENTAL PERIOD  J H PA  BY RALLOW BY NAME  COLLEGTION  NRIC / PASSPORT NO  COUNTRY OF ISSUE  DATE OF ISSUE  DATE OF ISSUE  DATE OF BIRTH  DECLINES LOW  ACCEPTS LOW  SEPWICE  ONAMISE  SINGWOODS  SINGWOOD								957 7380
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in the event of loss or damage to the Vehicle. If the Hirer accepts LDW, the Non Walvershie Damage Excess NADE; strong in West Malaysia (sextuding Thatand) both the amounts for debut blaves as shall be at the amount mentioned. For driving in West Malaysia (sextuding Thatand) both the amounts for debut blaves as shall be the times (sextuding Thatand) both the amounts for debut blaves as an ANDE shall be the times (sextuding Thatand) both the amounts for debut blaves are an ANDE shall be the times (sextuding Thatand) both the amounts for debut blaves are accepts an ANDE shall be the times (sextuding Thatand) both the amounts for debut blaves are accepts and the amounts for debut blaves are accepts and the amounts.  DECLINES PAI ACCEPTS PAI PAI (PER DAY)  S  PERSONAL ACCIDENT INSURANCE (PAI) BY INITIALS, Hier declines or accepts PAI. If "Accepts". Hier accepts coverage it mits furnished by owner at rental.  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.	ADDITIONAL AUTHORISED OPERATORS ABOVE 25 YEARS OLD & BELOW 60 YEA	RS OLD	DUE DATE	BY INITIALS, Hirer declines declines LDW at the rate sh	or accepts LDW. If the Hirer own, he shall be lighte to the	SINGAPORE USE		
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DECLINES PAI ACCEPTS PAI PAI (PER DAY)  S  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.  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 s 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.	SCHOOL SCHOOL			For driving in West Malaysia amounts for deductible/exc times (double/twice) the am	(excluding Thailand) both the cess and NWDE shall be two ount.			
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owner at rental.  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 so 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.  Owner at rental.  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  GST © 7	S S LEFT TOP	READ	BIGHT	"Accepts". Hirer acc shown and acknowle SYNOPSIS of covera	epts coverage at rate dges to have read the	an summing a large		
rend 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.	The vehicle is rented subject to all ti	ne terms and condition	ons on this page	BUSINESS / OPERATION		Interpretation from	7.	
the exclusion of liability in Clause 5. Sun & public holidays Closed	and on the reverse whether printed is for use in Singapore only, unless o	or handwritten. Note otherwise authorised	that the Vehicle by the Owner in	renting location during Mon - Friday	the operating hours: 0830 - 1730 hrs			
	he exclusion of liability in Clause 5.	The state of the s	The Hote Biso	Sun & public holidays	Closed	3510 +	50	40

RENTAL AGREEMENT NO 17775

REMARKS

DEPOSIT

PREPARED BY

REFUND COLLECTED BY

NO CA

MR YEE PUI YING **BLOCK 83 REDHILL LANE** #06-77 SINGAPORE 150083



CLASSIC AUTO RENTAL PTE LTD

159 Sin Ming Road #01-04 Amtech Building Singapore 575625 Tel.: 6553 3111 Fax: 6553 3711 Co. No.: 199501324K www.classicauto.com.sg

RA 17775

DATE AUGUST 3, 2018 REF WAB/fh

TAX INVOICE

GST REGISTRATION NO. M2-8920243-9

OUT ref : SFR 1831A DESCRIPTION AMOUNT HIRE ONE UNIT OF MAZDA 3 1.6 AUTO \$720.00 FROM JULY 27, 2018 TO AUGUST 2, 2018 AT S\$120.00 PER DAY TOTAL RENTAL DAYS = 6 DAYS X S\$120.00 CAR REGN NO. : SJY7384X SUB TOTAL \$720.00 7% GST PAYABLE \$50.40 SINGAPORE DOLLARS IN WORDS AMOUNT PAYABLE \$770.40 SEVEN HUNDRED AND SEVENTY AND CENTS FORTY

Note: CHEQUE SHOULD BE CROSSED AND MAKE PAYABLE TO " CLASSIC AUTO RENTAL PTE LTD " PAYMENT IS DUE WITHIN SEVEN (7) DAYS FROM THE DATE OF THIS INVOICE

Manager

........

## access medical (REDHILL CLOSE)

### MEDICAL CERTIFICATE

26 Jul 2018 Date

Access Nedical Recht 111 Close 81k 36 Rethill Close

No.: 11-283441

Name

Wong Yoke Wan

S6904077B

26-07-16 22:47 Batch: 1708

POS 10: 1 Cashier: 193

Rct#: 11-23646

Nation: Many Yorke Wan PCNo: R201246

GST Reg No 2017135169 #01-600 S(1500B5)

3 day(s)

This is to certify that the above has been granted:

Outpatient Sick Leave

Sunday, 29 Jul 2018

From Friday, 27 Jul 2018

2

\$14.00

20.00

Sunpepcin 40 Consultation rotal

[tem Panemo]

\$19.40

\$0.00

\$19.40

Patd By: Rounding Inc BSr

Thank you.

Notes

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

Dr Shim

甘食人

ACCESS Medical CLOSE)
(REDHILL CLOSE)
86 Rechill CLOSE)
86 Rechill Close 201-500 Singsport 150006

# access medical (REDHILL CLOSE)

## MEDICAL CERTIFICATE

: 26 Jul 2018 Date

No.: 11-283440

Access Medical Redhill Close Blk & Redhill Close

Yee Pui Ying Name:

3 day(s)

S1616994C NRIC

This is to certify that the above has been granted:

26-07-18 22:47 Batch: 1708

P0S ID: 1 Cashier: 193

Act#: 11-23647

Name: Vee Pui Ying RC03002

PCND:

GST Reg No 201713516G #01-600 S(150UBE)

Outpatient Sick Leave

Sunday, 29 Jul 2018

From Friday, 27 Jul 2018

To

\$2.40 \$3.00 \$14.00

20,00

Sunpeportin 40 Consult at ton lotal

Panamol

Itell

Total

\$1.27

\$19.40

Paid By:

Rounding Lici 681

Thank you.

\$19.40

Notes

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

Dr Shim

( R E D H I L C L O S E ) 86 Redhill Close #01-600 Singapore 150086 @ 6873-3165 \$ 6873-3167

### **Alexandra Hospital**

### A member of the NUHS

### TAX INVOICE

TO:

MDM. WONG YOKE WAN

BLK 83 #06-77 REDHILL LANE SINGAPORE - 150083 MRN/NRIC : S6904077B

CASE NO VISIT DATE : 2800005255Z-00001 : 26.07.2018 23:28

LOCATION

: LCUCC

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
PAYMENT: WONG YOKE WAN ( NETS - 27.07.2018 , RECEIPT #: L000001501 )	110.00
TOTAL DUE AFTER PAYMENT	0.00
DUE FROM: 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	Clinics: Mon – Fri : 8.30am to 5.30pm  Admission & Service Centre (AASC): Mon – Fri : 9.00am to 6.30pm  Urgent Care Centre: 24-hours
By Post: Please mail to "Robinson Road, Post Office P.O. Box 2093, Singapore 904093	Credit Card Please fill in your credit card details in the Credit Card Payment Slip provided.  Cheque Please make sure your cheque is made payable to Alexandra Hospital, 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 Alexandra Hospital)	24-hours
Singapore Post Office Branches	Cash / Credit Card / NETS	Please refer to Singpost website: https://www.singpost.com/list-of-post-offices
Internet Banking	DBS Online Bill Payment / DBS PayLahl (Please select Billing Organisation Alexandra Hospital)	24-hours

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

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

Login to mycpf online services with your SingPass at 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.

### 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 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.

### Alexandra Hospital A member of the NUHS

### TAX INVOICE

TO:

MR. YEE PUI YING BLK 83 #06-77 REDHILL LANE SINGAPORE - 150083 MRN/NRIC CASE NO VISIT DATE : S1616994C

: 2800005267C-00001 : 26.07.2018 23:28

LOCATION INVOICE DATE TYPE OF SUPPLY : CASH/CREDIT

: LCUCC : 27.07.2018

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
PAYMENT:	
YEE PUI YING ( NETS - 27.07.2018 , RECEIPT #: L000001502 )	110.00
TOTAL DUE AFTER PAYMENT	0.00
DUE FROM:	
YEE PUI YING	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.

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AXS Kiosks	Credit Card / NETS (Please select Alexandra Hospital)	24-hours
Singapore Post Office Branches	Cash / Credit Card / NETS	Please refer to Singpost website: https://www.singpost.com/list-of-post-offices
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### (E) Feedback

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

### TAX INVOICE

GST REG No : 20-0910555-Z

ORIGINAL

S6904077B

TAX INVOICE : NUH8327607

WONG YOKE WAN

BLK B3 #06-77 REDHILL LANE

DATE : 27/07/2018 00:39:09 Counter : ACP, Alex Pharmacy

Cashier 2

SINGAPORE 150083

Cashier : plopez

Rx No: ACP-002817 on 27/07/2018	2	atient	/ord	er Ty	pe/Fin.Cl:	AE/OP/NA
Account: 280000525501						
PRESCRIBED ITEM(S)				Qty	Gross	Payable
Standard List 1 (S1)					Sea-contract	CHARLES
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	Subsi	dy				\$0.00
Non-Formulary (NF)						
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 159964

TEL: (65) 6472 2000

Alexandra Hospital

MEDICAL CERTIFICATE		ALEX1800147			
NAME: WONG YOKE V	VAN				NRIC: S6904077B
Type of Medical Leave	granted : OUTPATIENT SICK I	LEAVE			
The above named is ur 28-Jul-2018	nfit for duty for a period of inclusive	3	day(s) from	26-Jul-2018	to
The certificate is not va	lid for absence from court atte	endance.			
The above named atten	nded for Examination/Treatme	ent from	26-Jul-2018 23:28	to 27-J	Jul-2018 00:05
27-Jul-2018	SRINESH BALAKRISHI (13550Z)	NAN	AH UC	C	52
Date A member of the NUHS	Issued by		Locatio	Signature	

### ALEXANDRA HOSPITAL

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

**ORIGINAL** 

MEDICAL CERTIFICATE

Alexandra Hospital

ALEX18001474

NAME: YEE PUI YING NRIC: \$1616994C 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 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 27-Jul-2018 00:04 SRINESH BALAKRISHNAN 27-Jul-2018 (13550Z)AH UCC Date Issued by Location Signature A member of the NUSIS