

**KAH MOTOR CO. SDN. BHD.**

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer	: INDIA INTERNATIONAL INSURANCE 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711	Document No.	: SQT18003430	Page	1
Registration No	: SLG8283T	Date	: 17. Aug 2018	Customer No.	: WZI007
Chassis No	: MRHFC1660GT000131	Svc Advisor	: ARY CHUA WAI NGEE	Engine No	: L15B71624957
Model	: CIVIC 1.5 TURBO VTIS YM2016	Date Time	: 17. Aug 2018 8:21:33 AM	Surveyor Name	:
Owner's Name	: LAU LENG CHAI	Survey Date	:	Authorisation Date	:
Ins Policy No.	: SD16V13853/VPC2/R00				
Date of Accident	: 13/8/2018				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: LAU LENG CHAI OWNER INSURER: LIBERTY INSURANCE PTE LTD ACC DATE: 13/08/2018@08.55AM SURVEYED BY: REF NO: TP INSURER: INDIA INTERNATIONAL INSURANCE PTE LTD TP VEH: SHC1412C (HYUNDAI/I40/BLUE TAXI)						
91505-TM8-003	CLIPBUMPER	14	2.00	25	21.00	1.47	22.47
71500-TEC-Q00ZZ	FACE ASSY,RR.BUMPER	1	617.20	25	462.90	32.40	495.30
71530-TEA-T00ZZ	BEAM COMPRR.BUMPER	1	173.00	25	129.75	9.08	138.83
71508-TEA-T00	GARNISHL.RR.BUMPER SIDE	1	7.60	25	5.70	0.40	6.10
71593-TEA-T01	SPACERR.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71598-TEA-T01	SPACERL.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71505-TBA-A00	BRACKETR.RR.BUMPER SIDE	1	2.20	25	1.65	0.12	1.77
71555-TBA-A00	BRACKETL.RR.BUMPER SIDE	1	2.20	25	1.65	0.12	1.77
71502-TEX-Y00	GARNISH,RR.BUMPER LOWER	1	38.20	25	28.65	2.01	30.66
33500-TEA-T01	TAILLIGHT ASSYR.	1	253.80	25	190.35	13.32	203.67
33550-TEA-T01	TAILLIGHT ASSYL.	1	273.10	25	204.82	14.34	219.16
33550-TEA-T01	TAILLIGHT ASSYL.	1	273.10	25	204.82	14.34	219.16
				Sum Item	1268.53	88.80	1,357.33
BOSUN	SUNDRIES	1	40.00		40.00	2.80	42.80
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	140.00		140.00	9.80	149.80
BA02R	REMOVE & INSTALL REVERSE SENSORS-4 PCS (N)	1	160.00		160.00	11.20	171.20
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (2P)	1	900.00		900.00	63.00	963.00
BKRP02S	STRAIGHTEN ALIGN RR PANEL & RENEW DAMAGE PARTS.	1	1680.00		1680.00	117.60	1797.60

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Company Ref. No.: S60FC1380G

Customer : INDIA INTERNATIONAL INSURANCE
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

Registration No : SLG8283T

Chassis No : MRHFC1660GT000131

Model : CIVIC 1.5 TURBO VTIS YM2016

Owner's Name : LAU LENG CHAI

Ins Policy No. : SD16V13853/VPC2/R00

Date of Accident : 13/8/2018

Document No. : SQT18003430 **Page** 2

Date : 17. Aug 2018

Customer No. : WZI007

Svc Advisor : ARY CHUA WAI NGEE

Engine No : L15B71624957

Date | Time : 17. Aug 2018 8:21:33 AM

Surveyor Name :

Survey Date :

Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
Sum Labor					2920.00	204.40	3,124.40

Survey By

Date & Time

Excess

Status

Signature

Total Amount 4,188.53 293.20 4,481.73**Total (Inclusive of GST)** 4,481.73**Printed on 17/8/2018 10:32:23 AM**

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	16/08/2018 19:38
Date Of Accident	13/08/2018 08:55
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8283T
Insured/Policyholder	
Name Of Registered Owner	LAU LENG CHAI
NRIC No	S7500507E
Email Address	FRANCISLAU@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-91878252
Alternative Phone No	OFFICE-91878252

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.5 TURBO VTI-S SR (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V13853/VPC2/R00
Cover Note Number	

Driver

Name of Driver	LAU LENG CHAI
NRIC No	S7500507E
Date Of Birth	02/01/1975
Occupation	INDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91878252
Fax Number	
Contact Number	OFFICE-91878252
Email Address	FRANCISLAU@LIVE.COM.SG

Address	BLK 684C CHOA CHU KANG CRESCENT #05-344
Postcode	S683684
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

HOSPITAL LEAVE FROM 13/08/2018~28/08/2018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1412C
Vehicle Make/Model/Colour	HYUNDAI/I40/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMAD ROZALI BIN IBRAHIM
NRIC/Passport Number	S1613333G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LAU LENG CHAI
Approximate Age	43
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLG8283T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Vehicle No SLG 8283 T**SKETCH PLAN**

Annex D

IMPORTANT NOTICE

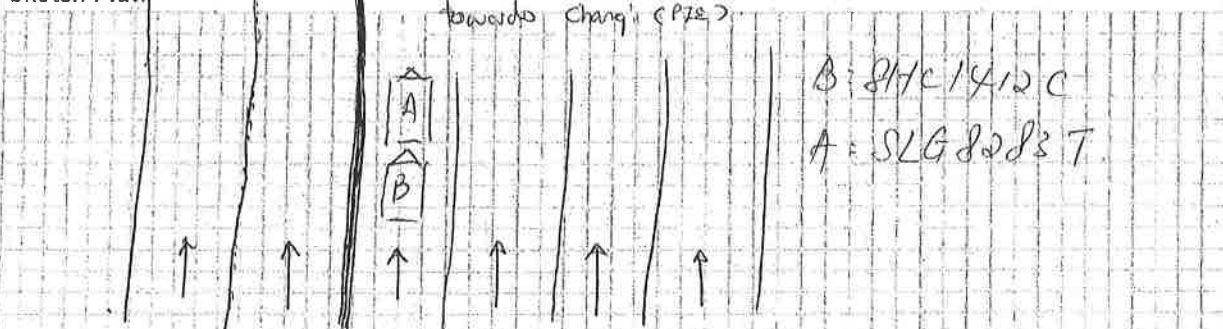
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 16/8/18 3:40pm
Policyholder's Signature / Date & Time
towards lane

Driver's Signature (If driver is not the policyholder) / Date & Time

18:08pm *[Signature]*
16 AUG 2018 ARY CHUA
Witnessed by Reporting Centre Personnel

Sketch Plan



Please continue to Annex E

Sketch Plan Pg. 2

Vehicle No 3LG 8283 T

Annex E

Describe Circumstances of the Accident

At about 0855 hrs, I was travelling on P12/CHANGI towards office ^{area} the road was packed with vehicles for unknown reasons hence I was rolling the car forward only for safety reasons. At that time, I was travelling on lane 4 of P12/CHANGI, there was another vehicle (merc skv 0287) in front of me rolling slowly, hence I keep 1 car space between us. Suddenly there was a bang behind me and I slam forward and stepped on my brake, I quickly turned my head to my rear mirror and saw a blue taxi behind my car; I activated the hazard light and went down to check ~~damaged~~ ^{my} damage.

The driver of the blue taxi (SHC 1412C, Mohamed Rozali Bin Ibrahim) refused to come down from his vehicle until I waved to him to come out to see what happened. After he came down from the car, he was unharmed about the accident and waved it as nothing serious. There was a female passenger on-board the taxi then but I did not ask if the passenger was injured as she is not my responsibility but that of the taxi driver. I took photos of the collisions ~~and~~ ^{my}.

We exchanged particulars; around 0900 hrs, a EMS recovery came and asked if anyone was injured, they took pictures and placed up cones around our cars. As nobody was seriously injured, the EMS person told us to drive off. I went back to my car and experienced neck stiffness and slight pulling pain on my neck and shoulder. I reached office around 0940 hrs and due to the pulling pain on the neck and shoulder, I was advised by my boss to go to TTSH A&E for a check-up.

At the A&E, as my neck and arm was experiencing pain and numbness, the hospital wants to admit me immediately for further observation and I was admitted.

Refer to Police Report No: T/20180816/2007

Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time 16/8/2018

4pm

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

18:08pm 
16 AUG 2018 ARY CHUA



**SINGAPORE
POLICE FORCE**



T/20180816/2007

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20180816/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2018 03:51		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: LAU LENG CHAI			Address: APT BLK 684C CHOA CHU KANG CRESCENT #05-344 SINGAPORE 683684		
ID Type / ID No.: NRIC NO / S7500507E			Contact No.: Home/Office: Mobile: 91878252		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 02/01/1975	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: TAX INVESTIGATION OFFICER		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/08/2018 08:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Near Lornie road exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1412C	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SLG8283T	Car	HONDA	CIVIC 1.5 TURBO VTIS SR	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180816/2007

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20180816/2007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG8283T	LIBERTY INSURANCE PTE LTD	SD16V13853/VPC2 /R00	14/10/2016	13/10/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU LENG CHAI		ID No. S7500507E
Related Vehicle	NIL		Contact No. 91878252
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/08/2018 at about 0855hrs while driving (SLG8283T) along PIE towards Changi before the Lornie Road exit on the fourth lane I suddenly felt a bump on the rear of my vehicle. Upon alighting from my vehicle I realized that a blue Comfort Delgro taxi (SHC1412C) had collided with the rear of my vehicle. Both parties managed to change particulars. However, on the same day at about 0900hrs, I felt pain on my left neck and shoulder area and decided to go for a medical check at Tan Tock Seng Hospital. While at the hospital, I was admitted into the hospital for 3 days (13/08/2018 - 15/08/2018) and was given 16 days hospitalization leave (13/08/2018 - 28/08/2018) due to "incidental Left ICA aneurysm". My MC S/N is TTSH18187946. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180816/2007

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20180816/2007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 1 NOOR SYAZADINA BINTE ABDUL
SALAM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

16/08/2018 03:51

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force




Liberty
Insurance.



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD16V13853 /NPC2 /R00
Form	MX1
Date of Issue	24-OCT-2016
1.Index Mark and Registration No. of Vehicle:	SLG8283T
2.Chassis number of Vehicle:	MRHFC1660GT000131
3.Name of Policyholder:	LAU LENG CHAI (LIU LONGCAI)
4.Effective date of Commencement of Insurance for the purposes of the Act:	14-OCT-2016 00:00 AM
5.Date of Expiry of Insurance:	13-OCT-2018 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.The Policy does not cover:	
A) Use for hire or reward.	
B) Use for racing, pace-making, reliability trials or speed-testing.	
C) Use for the carriage of goods (other than samples) in connection with any trade or business.	
D) Use for any purpose in connection with the Motor Trade.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Ncd Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$800, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	KAH MOTOR COMPANY SDN BERHAD

PLNF/PLNF/26-OCT-16

S1_CI_T1_T3_OE_Template2-Ver1.

26-OCT-16

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7500507E**
 Name:

LAU LENG CHAI
(LIU LONGCAI)

Birth Date: **02 Jan 1975**
 Issue Date: **26 Sep 2003**

1000866645D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7500507E

Name: **LAU LENG CHAI**
(LIU LONGCAI)
刘 龙 财

Race: **CHINESE**
 Date of birth: **02-01-1975** Sex: **M**
 Country of birth: **SINGAPORE**

S7500507E



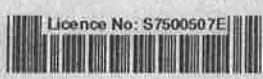

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **23 Oct 2000**

Licence No: S7500507E

NP 428A



3707399

NRIC No: S7500507E

Date of issue: **27-04-2005**

Address: **APT BLK 684C CHO A CHU KANG CRESCENT**
#05-344
SINGAPORE 683684






Tan Tock Seng
HOSPITAL

TAN TOCK SENG HOSPITAL
11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011

HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

LAU LENG CHAI | S7500507E | 43Y 7M | M | Chinese | 1218728469B | 13-Aug-2018 | 15-Aug-2018

ADMISSION DETAILS

Admission Date: 13-Aug-2018 **DOB:** 02-Jan-1975 **Age:** 43Y 7M (as of admission)
Ward: WARD 10B **Room:** ROOM 01 **Bed:** BED 032
Patient Type: Inpatient **Patient Class:** Class B2
Attending Dr: LIN XULING (14008B) **Medical Service Code:** TTSH Neurology

DISCHARGE DETAILS

Discharge Date/Time: 15-Aug-2018 11:00
Discharge Status: Patient discharged **Condition at Discharge:** Improved - Condition better than at time of admission

DIAGNOSIS

NUMBNESS
NECK PAIN

PROCEDURE

Not Applicable

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy
No drug allergy

Medical Alert

No medical alert

The drug allergy data is accurate as at 15-Aug-2018 11:29

CLINICAL SUMMARY

Follow up

NFU NLD
TCU NES next available date for incidental Left ICA aneurysm

Discharge Medication

The discharge medication data is accurate as at 15-Aug-2018 10:46

<u>Route</u>	<u>Medication Name</u>	<u>Dosage Regimen</u>	<u>Instructions</u>
Topical	Ketoprofen Patch	1 plaster every 12 hourly 1 week	
PO	Paracetamol Tab	1 g every 6 hourly when necessary 1 week	Pain

Medical Certificate

MC Number	: TTSH18187946	Issued by	: LIM SHI YU, DEREK
Leave Type	: Hospitalization Leave	Fit to attend court	: Yes
Unfit for duty	: 13-Aug-2018 to 28-Aug-2018	Fit for light duty	:
Remarks	:		

By : NG KE XUAN JESSICA(63170A)

Date : 15-Aug-2018 11:29

This is a computer-generated summary of information available and correct at point of print
Please refer to your doctor for further information or clarification

Printed by: NG KE XUAN JESSICA (63170A)
Printed Date/Time: 15-Aug-2018 11:30



Tan Tock Seng
HOSPITAL

TAN TOCK SENG HOSPITAL
11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011

HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

LAU LENG CHAI | S7500507E | 43Y 7M | M | Chinese | 1218728469B | 13-Aug-2018 | 15-Aug-2018

Future Appointment

Not Applicable

Planned Orders

Not Applicable

By : NG KE XUAN JESSICA(63170A)

Date : 15-Aug-2018 11:29

This is a computer-generated summary of information available and correct at point of print
Please refer to your doctor for further information or clarification

Printed by: NG KE XUAN JESSICA (63170A)
Printed Date/Time: 15-Aug-2018 11:30



Tan Tock Seng
HOSPITAL

Name : LAU LENG CHAI
NRIC : S7500507E
DOB : 1975.01.02
Race : Chinese
Sex : Male
Case No. : 12187284698

MEMO TO INSURANCE COMPANY - MEMO - TTSH NLD - DOCTOR

Seen By

Name(s) LIM SHI YU, DEREK (60928E)

Date/Time Seen 15-Aug-2018 11:32

Memo

Specialty Neurology
To Insurance Company
From LIM SHI YU, DEREK
MCR No 60928E
Date 15-Aug-2018
Subject Title Memo to Insurance Company

Dear Sir/Madam,

Mr Lau Leng Chai was admitted from 13/08/2018 to 15/08/2018 for left arm weakness and neck pain following a road traffic accident.

Neuroimaging done revealed an incidental small left ICA aneurysm for which we have given him a follow-up with the Neurosurgery department.

Thank you.

Best Regards,
Derek Lim
Medical Officer
Neurology
Tan Tock Seng Hospital



MEDICAL CERTIFICATE	ORIGINAL	TTSH18187946
NAME: LAU LENG CHAI		NRIC: S7500507E

Type of Medical Leave granted : **HOSPITALIZATION LEAVE**

The above named is unfit for duty for a period of **16** day(s) from **13-Aug-2018** to **28-Aug-2018** inclusive


The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **13-Aug-2018 11:59** to **15-Aug-2018 11:00**

15-Aug-2018
Date

LIM SHI YU, DEREK (60928E)
Issued by

W10B
Location


Signature

BILL TO :

Name : Mr. Francis Lau Leng Chai
Contact Number : 9187 8252

DATE : 29 October 2016

INVOICE : 167099

Vehicle Make/Model/Colour : Honda Civic Grey
Vehicle Registration Number : SLG 8283 T

Payment Mode : CASH / NETS / CREDIT

DESCRIPTION	AMOUNT
Extreme Package	\$ 1,668.00
Discount on Package - 10%	\$ (166.80)
Booking Deposit Paid - Invoice 167050	\$ (200.00)
Promotion Inclusive Ceramic PRO SEATS Protection	
Warranty Number - 2016 3906	
<p align="center">◆ Newly Applied Ceramic PRO Care ◆</p> <p>✓ Do not use Shampoo for the 1st 3 days</p> <p>✓ Keep the surface dry. If surface get wet, Dab the surface dry with a lightly damp Microfiber towel. Do Not use Wiping motion.</p> <p>✓ In event any substances land on the surface, clean up as soon as possible</p> <p align="center">◆ Basic Care for Owners ◆</p> <p>✓ Weekly wash with Quality Shampoo and dry with clean chamois cloth.</p> <p>✓ Remove bird dropping, tree saps as soon as possible. Soften the substances with tissue soaked with water. Gently lift the substances off. Do not rub or use force.</p> <p>✓ Apply Ceramic PRO SPORT after shampoo wash at least once a month.</p> <p>Ceramic PRO Prestige card will be mailed to your residential address provided on warranty registration.</p> <p>* Please register your warranty online to be effective within 14 days http://www.ceramicpro.com.sg/register/</p>	
TOTAL :	\$ 1,301.20
TOTAL DUE AFTER 3% DISCOUNT ON FINAL BILL :	\$ 1,262.16
Parking Rebate :	\$ (9.00)
Total Paid :	\$ 1,253.16