

(S220)

INS. CASE OWNER:

Jing Tan

CS3, ADM 1800 5022

APR 3 2018

LKK  
IDAC

35263

## ASSIGNMENT

Surveyor:

ADRIAN

DOI:

16/3/18

Date / Time:

16/3/2018

Registered in Merimen:

Pre-assign / CCU / FTE

"VIRTUAL"

CS MOD AUG



Insured Vehicle No.:

XE 3314P

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A: 14/3/2018

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(VL: YES / NO)

Insured Liability:

%

Final ? Yes / No

GB6 172K

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

the mang

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date / Time

GB6 172K, X; XE 3314P, X

Pft only

Paper Survey

24/4/18

File pass to Merimen to close

RECEIVED 25 SEP 2018

RECEIVED 25 SEP 2018

RECEIVED 25 SEP 2018

## STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

( days)

Reduction:

%

Email

Call

## FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

( days)

Loss of Rental (LOR):

S\$

( \$ x days)

Loss of Use (LOU):

S\$

( \$ x days)

Loss of Income (LOI):

S\$

( \$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search:

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

Total:

S\$

Global Sum S\$:

## FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2. (Strike if N.A.):

S\$

Name 2:

Payee 3. (Strike if N.A.):

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Paper Survey: \$150.00

ASS. REC. BY: Adrian King

REF:

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: G861721K Yr Regn: 2017, June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Hiace cc 2982Colour: White A/C: Insured / Std / NI / NASp. Reading: 2712 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTFH T02P300224553Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 195R15C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 06 mmL/Bal. 06 mm

D.O.A. \_\_\_\_\_

Rear

R/Bal. 06 mmL/Bal. 06 mmD.O.I. 16/03/18 10.46 AMSurvey held at Hua MengDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TPAXA.

PIP # 4372.38 Cred \$6610.97 60%.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / L.B.I: (\$ \_\_\_\_\_)

☐ : Preli. Report☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee

Transportation

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

## 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	15/03/2018 13:46
Date Of Accident	14/03/2018 17:45
Exact Location Of Accident	FILTER LANE OF TAMPINES LINK TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1721K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIEW PING
NRIC No	S0092892E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91893783
Alternative Phone No	OFFICE-91893783

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1943607
Cover Note Number	

### Driver

Name of Driver	KAW YOKE CHIANG
NRIC No	S0092269B
Date Of Birth	21/01/1952
Occupation	INDOOR
Date Of Driving Pass	02/04/1975
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91893783
Fax Number	
Contact Number	
Email Address	NOEMAIL

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIM SIEW PING

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBG1721K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name KAN YOKE CHIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBG1721K

Were seat belts worn?

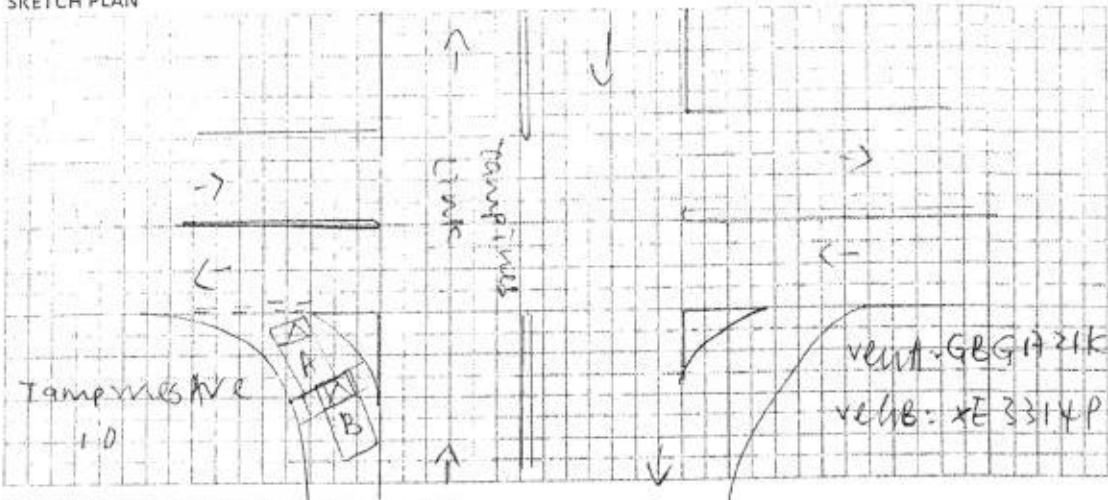
Was this injured conveyed to hospital by ambulance?

Address

Postcode

# Sketch Plan #2 Pg. 1

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along at filter lane of Tampines Link towards Tampines Ave 10 on 14.03.2018 @ 1745 hrs. I was stationary for give way to vehicles along the main road - Suddenly, I heard a bang sound and felt an impact from my behind. vehicle B was collided onto rear portion of my vehicle.

## DECLARATION

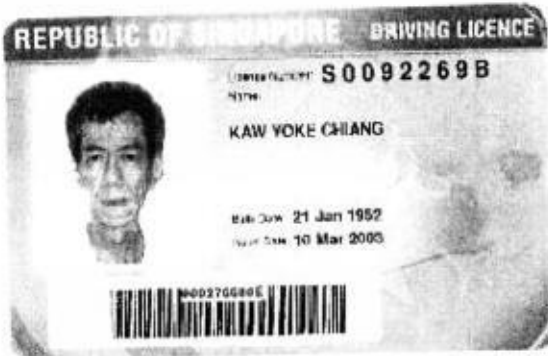
I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Driving License



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0092269B



KAW YOKE CHIANG

顾育彰

RACE

CHINESE

DATE OF BIRTH

21-01-1952

DATE OF VALIDITY

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

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

PASS DATE

02 Apr 1975



S0092269B



NAME: KAW YOKE CHIANG

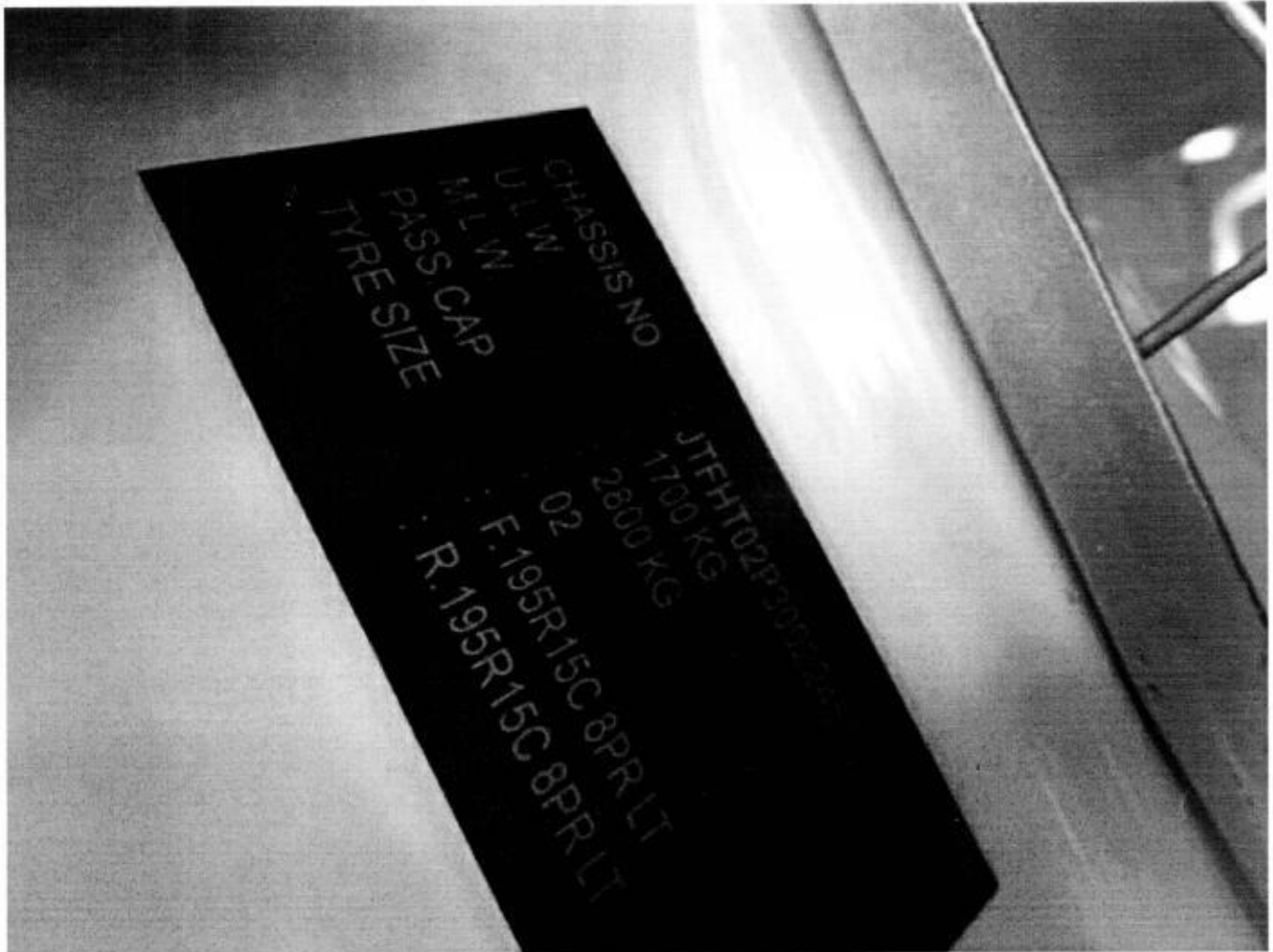
Q 15-10-1991

APT 81K 449 TAMPINES STREET 42  
SINGAPORE 1052

NP 425A



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Address	-
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEHICLE B SUDDENLY JAM BRAKE. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR RIGHT.

#### Attachment(s)

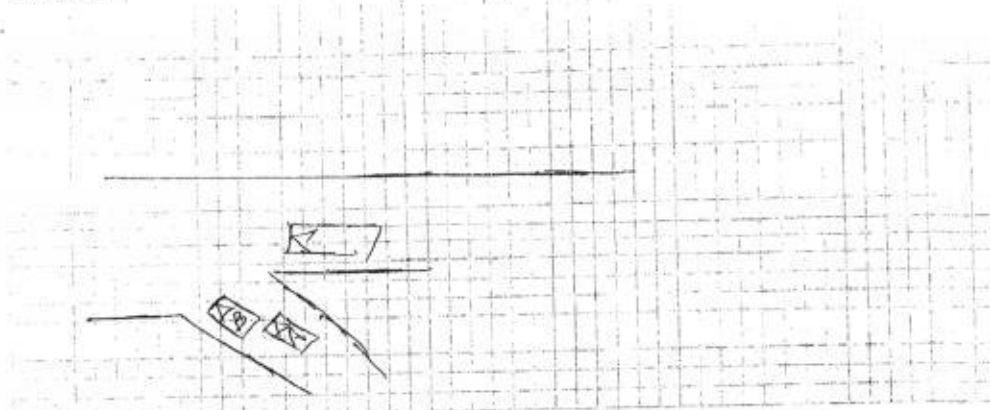
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1721K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE B SUDDENLY JAM BRAKE, I COULD NOT STOP  
IN TIME AND HIT THE VEHICLE B REAR RIGHT

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's signature  
Date & Time:

A. Koyat

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

G 6819490 W

HANASAMY VENGATESAN

04 MAR 1980

17 JUL 2017

VALID TILL 30.07.2022

002703996

**S PASS**

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

---

**Employer:** EVER SAN CONSTRUCTION PTE LTD

**Worker:** CONSTRUCTION  
Rajini

**Worker's Name:** RAMAKANY VEMAGESAN  
**Occupation:** DRIVER, TRUCK

**IC Card No.:** D 90200786

**Date of Application:** 22-11-2018  
**Date of Issue:** 23-12-2018  
**Date of Entry:** 23-12-2018


**LT503087**

VISIT PASS			
Immigration Regulations			
NAME HAMAGANY VERGATEBAN			
EXP. DATE	SEX	NATIONALITY	
01-03-1990	M	INDIAN	
AGE	DATE OF BIRTH	DATE OF ENTRY	
05/04/40	23-12-2018	23-12-2018	
MULTIPLE JOURNEY VISA ISSUED			
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.			

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES**

		OFFICIAL DATE
Class 25	Motorcycles <= 200 cc	31 Jul 2012
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	31 Jul 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 2250kg	25 Jun 2014

NP 4254

Barcode:  Licence No: 35819400W

Accident Photo



Accident Photo



Accident Photo





# VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths  
Agents for Trade Marks  
(Incorporated with limited liability)

ERIC NG CHING BOON  
RAYNEY WONG KENG LEONG  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALI DIO MUNIANDY  
SEGA PARAM  
TIWARY ANURADHA  
ONG BOCK KEE  
DIANE ANG KIM NOI  
RAVENORA KRISHNASAMY  
TAY HAO RAN  
JANICE HAN JIA LIN  
SELWYN TAN YINGXIAN

Unique Entity Number: 200721148H

## ✓HEAD OFFICE

133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

Branch: 490 Toa Payoh Lorong 6  
#03-11 HDB Hub  
Singapore 310490

## ✓HEAD OFFICE

TEL : (65) 65342811 (Hunting)  
FAX : (65) 65356802 (General)  
✓: (65) 65355805 (Litigation)  
E-mail : yvonnelim@visionlawllc.com

BRANCH  
TE AXA INSURANCE PTE LTD  
FAX : (65) 63560118 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - PLEASE REPLY TO HEAD OFFICE FOR THIS MATTER

Our Ref: JH-ylv-lns-H47-106137-18-er  
Your Ref: XE 3314 P

31 May 2018

61164084

# URGENT

CSU

## AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

**Attention: Motor Claims Department**

## SOON HUA BEE PTE LTD

201E Tampines Street 23  
#04-100  
Singapore 527201

BY HAND



CERTIFICATE OF POSTING  
(For your information Only)

Dear Sirs,

## CLAIMANT: LIM SIEW PING

ACCIDENT INVOLVING GBG 1721 K & XE 3314 P ON 14-MAR-2018 ALONG FILTER LANE OF TAMPINES LINK TOWARDS TAMPINES AVE 10 AT ABOUT 1745 HOURS

We act for Lim Siew Ping, who was the passenger of vehicle no. GBG 1721 K.

We are instructed that you were the insurer and/or the driver of motor vehicle **XE 3314 P** which was involved in a road traffic accident with our client's vehicle on 14-Mar-2018 ALONG FILTER LANE OF TAMPINES LINK TOWARDS TAMPINES AVE 10 AT ABOUT 1745 HOURS. By reason of your insured's act or omission, our client has sustained injuries and incurred loss and damage.

Subject to our client's confirmation and subject to revision, we now quantify our client's claim as follows:-

1.	<b>General Damages:</b>	
1.1	Whiplash Grade 1	SS 8,000.00
1.2	Loss of Earning Capacity	To be reserved
1.3	Future Medical Expenses	To be reserved
1.4	Costs of Repairs	SS 4,846.48
1.5	Rental fees	SS 898.80
2.	<b>Special Damages:</b>	
2.1	Loss of Income (2 days x \$254.54 per day)	SS 509.08
2.2	Medical Expenses	SS 44.00 (to be continued)
2.3	Transport Expenses	SS 50.00 (to be continued)
2.4	Survey report fees	SS 583.15
3.	<b>Costs Contribution (With GST):</b>	SS 3,210.00
4.	<b>Disbursements:</b>	
4.1	Medical Report fee	SS 150.00
4.2	LTA/GIA/Police report/search fees	SS 39.00
4.3	Public Trustee Fees (optional)	SS 225.00
4.4	Other incidentals (With GST)	SS 107.00
	<b>Total:</b>	<b>SS\$18,662.51</b>

.../2 to be continued next page

## CONFIDENTIALITY

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JANICE HAN JIA LIN  
SELWYN TAN YINGXIAN

Unique Entity Number: 200721148H

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TEL : (65) 63501118  
FAX : (65) 63501118 (Conveyancing)

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Our Ref: JH-ylv-Ins-H47-106137-18-er  
Your Ref: XE 3314 P

31 May 2018

61164084

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8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

**Attention: Motor Claims Department**

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201E Tampines Street 23  
#04-100  
Singapore 527201

BY HAND



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(For your information Only)

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1.3	Future Medical Expenses	To be reserved
1.4	Costs of Repairs	SS 4,846.48
1.5	Rental fees	SS 898.80
2.	<b>Special Damages:</b>	
2.1	Loss of Income (2 days x \$254.54 per day)	SS 509.08
2.2	Medical Expenses	SS 44.00 (to be continued)
2.3	Transport Expenses	SS 50.00 (to be continued)
2.4	Survey report fees	SS 583.15
3.	<b>Costs Contribution (With GST):</b>	SS 3,210.00
4.	<b>Disbursements:</b>	
4.1	Medical Report fee	SS 150.00
4.2	LTA/GIA/Police report/search fees	SS 39.00
4.3	Public Trustee Fees (optional)	SS 225.00
4.4	Other incidentals (With GST)	SS 107.00
	<b>Total:</b>	<b>SS\$18,662.51</b>

.../2 to be continued next page

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## **SUNSHINE CLINIC**

### **Family Practice & Surgery**

Block 445 Tampines Street 42 #01-02, Singapore 520445  
Tel: 67833122

*Dr Ng Teck Keng*  
*MBBS (Singapore), GDM*

#### **CONFIDENTIAL**

Your Reference : JH-ylv-Ins-H47-106137-18-er

Our Reference : 0001685

09 May 2018

**VISION LAW LLC**  
Advocates & Solicitors  
133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

Dear Sir / Madam,

**MEDICAL REPORT OF MADAM LIM SIEW PING, S0092892E**  
**TRAFFIC ACCIDENT ON 14/03/18**  
**DATE OF VISIT: 14/03/18**

Mdm Lim, a front seat passenger of a vehicle driven by her husband on 14/03/18, was seen at the clinic for injury sustained following the abovementioned accident which involved a head to rear collision by a vehicle from behind. Her main complaints were feeling of immense shock and a slight pain at the neck.

Physical examination revealed her blood pressure to be elevated though she did not have history of hypertension. She was otherwise stable. There was no restriction of movement at her neck, shoulders and lower back. No explicit tenderness was palpated over the entire spinal column or elsewhere.

Mdm Lim was likely to have sustained acute strain to her neck. The neck strain was likely to be a whiplash injury classified under Grade 1 for Quebec Task Force Classification for Whiplash Associated Disorder.

Mdm Lim was prescribed a course of painkiller. She was given medical leave from 14/03/18 to 15/03/18. She was instructed to return should she not feel better. I have not seen her since. Her recovery was likely to be uneventful.

Yours faithfully,

  
DR NG TECK KENG



SUNSHINE CLINIC 攝診  
FAMILY PRACTICE & SURGERY 光所

Blk 445 Tampines St 42 #01-02 Singapore 520445  
Tel/Fax: 6783 3122

OFFICIAL RECEIPT

No.: 0001685

Date: 10/05/18

茲收到  
Received from Vision Law LLC

支付大銀  
the sum of Dollars One Hundred and Fifty only (\$150/-)

系还  
in payment of Medical Report of Helen Lim Siew Ping S00928928

403 976681

Cash / Cheque No:

Dr Ng Tack-Keng Dominique  
MBBS (Singapore), GDFM

**SUNSHINE CLINIC FAMILY PRACTICE & SURGERY**

BLK 445 TAMPINESE ST 42 # 01-02 SINGAPORE 520445  
Tel : 67833122

LIM SIEW PING (0001685)

INVOICE NO. AA-18-094925

DATE 14 Mar 2018  
PAGE NO. 1

**INVOICE**

CONSULTATION AND MEDICINE

\$44.00

**RECEIPT**

RECEIPT NO. : R-18-089538

INVOICE TOTAL

\$44.00

NETT AMOUNT DUE

\$44.00

TOTAL PAID

\$44.00

This is a computer generated receipt which requires no signature

**SUNSHINE CLINIC FAMILY PRACTICE & SURGERY**

BLK 445 TAMPINESE ST 42 # 01-02 SINGAPORE 520445  
Tel : 67833122

Medical Certificate

LIM SIEW PING 0092892-E

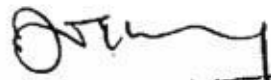
MC Number : MC109695

is unfit for duty and work for

2 Days from 14 Mar 2018 to 15 Mar 2018 inclusive

\* Not Valid for Court Attendance

14 Mar 2018

  
Dr Ng Tack Keng Dominique  
MBBS (Singapore), GDFM

Tax Reference No : SXXXX892E  
 Year of Assessment : 2017  
 Income Tax  
 Date : 05 Jun 2017

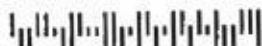
## NOTICE OF ASSESSMENT ORIGINAL



INLAND REVENUE  
AUTHORITY OF  
SINGAPORE

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us.

MDM LIM SIEW PING  
 449 TAMPINES ST 42  
 #10-88  
 SINGAPORE 520449



55 Newton Road  
 Revenue House  
 Singapore 307987  
 Tel: 1800-356 8300  
 Website: <http://www.iras.gov.sg>  
 e-Services: <https://mytax.iras.gov.sg>

1-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
TRADE	63,950.00		63,950.00
<b>TOTAL INCOME</b>	<b>63,950.00</b>		<b>63,950.00</b>
<b>ASSESSABLE INCOME</b>			<b>63,950.00</b>
<b>LESS: PERSONAL RELIEFS</b>			
Earned Income		8,000.00	
NSman-self/wife/parent		750.00	
Provident Fund/Life Insurance		6,300.00	
Foreign Maid Levy		6,360.00	
<b>TOTAL PERSONAL RELIEFS</b>			<b>21,410.00</b>
<b>CHARGEABLE INCOME</b>			<b>42,540.00</b>
FIRST 40,000.00		550.00	
NEXT 2,540.00 @ 7.00%		177.80	727.80
<b>LESS: TAX SETOFFS</b>			
20 % Tax Rebate (capped at \$500)			145.56
<b>TAX PAYABLE BY 05 JUL 2017</b>			<b>582.24 DR</b>

Thank you for your contribution towards nation building

1. Your tax assessment is based on information given by you through e-Filing on 21 Mar 2017.

2. Pay your income tax by GIRO to enjoy up to 12-month interest free instalments. If you prefer other modes of payment, please pay the amount stated in this Notice by the due date, even if you object to the assessment.

Your total outstanding income tax balance is shown in the Statement of Account which is attached / will be sent to you shortly.

3. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

TAN TEE HOW  
COMPTROLLER OF INCOME TAX

Tax Reference No : SXXXX892E  
 Year of Assessment : 2016  
 Income Tax  
 Date : 23 May 2016

# NOTICE OF ASSESSMENT ORIGINAL



INLAND REVENUE  
AUTHORITY OF  
SINGAPORE

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us.

MDM LIM SIEW PING  
 449 TAMPINES ST 42  
 #10-B8  
 SINGAPORE 520449



55 Newton Road  
 Revenue House  
 Singapore 307987  
 Tel: 1800-356 8300  
 Website: <http://www.iras.gov.sg>  
 e-Services: <https://mytax.iras.gov.sg>

1-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
TRADE	65,813.00		65,813.00
<b>TOTAL INCOME</b>	<b>65,813.00</b>		<b>65,813.00</b>
<b>ASSESSABLE INCOME</b>			<b>65,813.00</b>
<b>LESS: PERSONAL RELIEFS</b>			
Earned Income		8,000.00	
NSman-self/wife/parent		750.00	
Provident Fund/Life Assurance		5,700.00	
Foreign Maid Levy		6,360.00	20,810.00
<b>CHARGEABLE INCOME</b>			<b>45,003.00</b>
FIRST 40,000.00		550.00	
NEXT 5,003.00 @ 7.00%		350.21	900.21
<b>TAX PAYABLE BY 23 JUN 2016</b>			<b>900.21 DR</b>

Thank you for your contribution towards nation building

1. Your tax assessment is based on information given by you through internet on 14 Mar 2016.
2. Pay your income tax by GIRO to enjoy up to 12-month interest free instalments. If you prefer other modes of payment, please pay the amount stated in this Notice by the due date, even if you object to the assessment. You may refer to the attached Statement of Account for your tax balance.
3. If you have any objection, please write to us within 30 days stating your reasons. You may also submit your objection online via the Object to Assessment service at myTax Portal.

TAN TEE HOW  
COMPTROLLER OF INCOME TAX

Tax Reference No : SXXXX892E  
Year of Assessment : 2015  
Income Tax  
Date : 29 Jun 2015

NOTICE OF ASSESSMENT  
ORIGINAL



INLAND REVENUE  
AUTHORITY OF  
SINGAPORE

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us.

MDM LIM SIEW PING  
449 TAMPINES ST 42  
#10-88  
SINGAPORE 520449



55 Newton Road  
Revenue House  
Singapore 307987  
Tel: 1800-356 8300  
Website: <http://www.iras.gov.sg>  
e-Services: <https://mytax.iras.gov.sg>

1-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
TRADE	71,830.00		71,830.00
TOTAL INCOME	71,830.00		71,830.00
ASSESSABLE INCOME			71,830.00
LESS: PERSONAL RELIEFS			
Earned Income		8,000.00	
NSman-self/wife/parent		750.00	
Provident Fund/Life Assurance		4,814.00	
Foreign Maid Levy		6,360.00	19,924.00
CHARGEABLE INCOME			51,906.00
FIRST 40,000.00		550.00	
NEXT 11,906.00 @ 7.00%		833.42	1,383.42
LESS: TAX SETOFFS			
50 % Tax Rebate (capped at \$1000)			691.71
TAX PAYABLE BY 29 JUL 2015			691.71 DR

Thank you for your contribution towards nation building

1. Your tax assessment is based on information given by you through internet on 11 Mar 2015.
2. Pay your income tax by GIRO to enjoy up to 12-month interest free instalments. If you prefer other modes of payment, please pay the amount stated in this Notice by the due date, even if you object to the assessment. You may refer to the attached Statement of Account for your tax balance.
3. If you have any objection, please write to us within 30 days stating your reasons.

TAN TEE HOW  
COMPTROLLER OF INCOME TAX