

UNI DRUG HOUSE

c/o Blk 1060 Eunos Avenue 3

#01-184

Singapore 409850

1 Kaki Bukit Ave 6  
Blk C #01-60  
SC 417883)

Date:

The Motor Claim Dept

AIG.

Dear Sir,

RE: Accident involving GIBF 9556 Z / SL M 76 X  
on 10/11/14  
along/at Paya Lebar Rd Towards Guillemard Rd.

I refer to the above accident which your insured is negligent. Thus, I am claiming for my losses which is due to my repairer as I have not settle with them. They are as follows:

Repair Cost : \$ 4,654 / ~~50~~ (Gst)  
Policy Report : Med-Bill \$ 139-20.  
Survey Report : \$ 2-00 (Search fee)  
Loss of Use/Loss of Rental : \$ 643-20.  
Total Claim : \$ 5,438 / ~~50~~

I understand from my repairer, Lee Sheng Auto Pte Ltd, that you can pay my accrue losses due to the accident, directly, to my repairer, Lee Sheng Auto Pte Ltd, if you wish to negotiate, please negotiate with my repairer.

In this connection, I hereby authorise you to pay my above losses to my repairer and I undertake to sign your Third Party Discharge Voucher once my repairer receive payment from you.

Please send your Third Party Discharge Voucher to my repairer.

Yours faithfully



*[Handwritten Signature]*

SI 711560 Z

## LETTER OF AUTHORITY

ACCIDENT ON 10/1/19 INVOLVING GKF9556Z AND SLM76Z.

BY THIS LETTER OF AUTHORITY given on the \_\_\_\_\_, I/we, UNI DRUG HOUSE  
who is the owner of motorcar bearing registration number GKF9556Z do hereby  
confirm that I/we have appointed LEE SHENG AUTO PTE LTD. to represent me/us and  
to do all or any of the following acts and things:

- i) To submit, resolve and make any claim(s) which I/we may have against the other party/parties to the Accident and under the insurance policy/policies taken up by such party/parties in respect of the cost of repairs, loss of use and all other costs and expenses, etc. suffered by me/us arising from the Accident (the "loss and damage");
- ii) To carry out direct negotiation with any third party insurer(s) in respect of the cost of repairs, loss of use and all other costs and expenses, etc. arising from the accident involving the third party insured;
- iii) To agree to any compensation or enter into any settlement or compromise as it deems fit, in the best interests of me/us, and to do all things or acts, as may deem necessary or expedient for the purpose of settlement of the claims;
- iv) To receive all monies payable to me/us, such payment to be made by way of cheque in favour of "LEE SHENG AUOT PTE LTD" and to give a valid receipt and discharge therefor;
- v) To execute and sign on my/our behalf, any discharge voucher or any other documents in connection with the settlement and/or payment of the Claim(s) to give good discharge.

I/We further confirm that the acceptance by LEE SHENG AUTO PTE LTD. of the settlement amount in respect of such claim shall constitute the full discharge of my/our claim(s) in respect of such loss and damage.

  
51711560Z

Signature & NRIC No.



Co. Stamp (if applicable)



ORIGINAL

MEDICAL CERTIFICATE

EMD20197226

Name ROSLAN BIN MOHD AMIN		NRIC No. S1711560Z
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>11-Jan-2019</u> to <u>14-Jan-2019</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 10-Jan-2019	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  ASOKAN ARAVINDHAN, 63795E



GST Registration No. : M2-0088821-9

ORIGINAL RECEIPT

CAENAH

10.01.2019 22:13 hrs

**Bill To**

ROSLAN BIN MOHD AMIN  
117 BEDOK RESERVOIR ROAD  
#09-72 SINGAPORE 470117

MRN/NRIC : S1711560Z  
CASE NUMBER : 6919304127A  
CUSTOMER : 3022784130  
A&E VISIT : 10.01.2019 20:08

Name of Patient ROSLAN BIN MOHD AMIN

Service Description	Amount (S\$)	
	Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
X-RAY INVESTIGATIONS	137.50	0.00
A&E ATTENDANCE FEE	256.00	126.00
TOTAL CHARGES	393.50	
LESS : GOVERNMENT GRANT	267.50-	
AMOUNT PAYABLE BEFORE TAX		126.00
ADD : 7% GST		8.82
AMOUNT PAYABLE AFTER TAX		134.82
LESS : GST ABSORBED BY THE GOVERNMENT		8.82-
NET AMOUNT PAYABLE		126.00
PAYMENT ROSLAN BIN MOHD AMIN		126.00-
AMOUNT DUE ROSLAN BIN MOHD AMIN		0.00
FOR INFORMATION: ST: P SN: S1711560Z		
PAYMENT DETAILS	AMOUNT	PAYMENT TYPE
NAME	126.00	NETS
DATE	10.01.2019	
THIS IS AN ORIGINAL RECEIPT FOR NETS PAYMENT OF \$126.00 RECEIVED ON 10.01.2019.		
TYPE OF SUPPLY: CASH/CREDIT		

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. 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 internet at <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." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.F

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".  
Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

Amount Enclosed : \$ Cheque No./Bank :

S1711560Z ROSLAN BIN MOHD AMIN

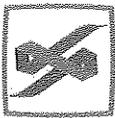
CGH S1711560Z

6919304127A

10.01.2019 22:13 hrs

BALANCE DUE : S\$ 0.00  
MRN/NRIC : S1711560Z  
CASE NUMBER : 6919304127A  
ADMISSION DATE : 10.01.2019

0000000000000000



**TAX INVOICE**

GST REG NO: M90368910N

PBDOSL / FB / 15.01.2019 1148 hrs / Page 1 of 1

<p>ROSLAN BIN MOHD AMIN</p> <p>117 BEDOK RESERVOIR ROAD #09-72 SINGAPORE 470117</p> <p>Patient : ROSLAN BIN MOHD AMIN</p>	<p>Tax Invoice Number : BD17008425C0006 Bill Ref Number : BD17008425C-0006-01 Tax Invoice Date : 15.01.2019 1148 hrs Patient NRIC/HRN : S1711560Z Visit Date : 15.01.2019 1037 hrs Visit / Bill Location : PCLBD/PCLBD/MED Payment Class : ADULT</p>
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SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)	
			Full Amount	Payable Amount
POP5	<u>CONSULTATION</u> CONSULTATION	1	48.13	13.20
	<b>Subtotal</b>		<b>48.13</b>	<b>13.20</b>
	<b>TOTAL CHARGES</b>		<b>48.13</b>	
	<b>LESS: GOVERNMENT SUBSIDY</b>		<b>-34.93</b>	
	<b>AMOUNT PAYABLE BEFORE TAX</b>			<b>13.20</b>
	<b>ADD: 7% GST</b>			<b>0.92</b>
	<b>AMOUNT PAYABLE AFTER TAX</b>			<b>14.12</b>
	<b>LESS: GST ABSORBED BY THE GOVERNMENT</b>			<b>-0.92</b>
	<b>NET AMOUNT PAYABLE</b>			<b>13.20</b>
	ROSLAN BIN MOHD AMIN			13.20
	<b>PAYMENT</b>			
	ROSLAN BIN MOHD AMIN      15.01.2019    CASH	13.20		13.20
	<b>AMOUNT DUE</b>			
	ROSLAN BIN MOHD AMIN			0.00
	ST: P S1711560Z			
	*** You are served by ONG SEAH LIEW ***			

\*\*For hygiene and safety reasons, all medications/items sold are non-refundable and non-exchangeable.\*\*Please pay by cash, NETS, or cheque upon receipt of invoice. Cheque should be made payable to SingHealth Polyclinics. Please indicate invoice and contact no. Post-dated cheque is not accepted. Receipt will not be issued.

PATIENTS. AT THE HEART OF ALL WE DO.®

SingHealth Duke-NUS Academic Medical Centre

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital  
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore  
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics



**Polyclinics**  
SingHealth

Reg No 52928775K

**ORIGINAL**

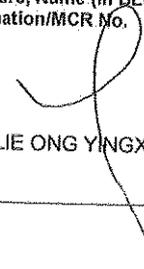
**MEDICAL CERTIFICATE**

**GEM201924495**

Name <b>ROSLAN BIN MOHD AMIN</b>		NRIC No. <b>S1711560Z</b>
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>15-Jan-2019</u> to <u>18-Jan-2019</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____
Admitted on : <u>N.A.</u>	<input type="checkbox"/> Maternity Leave	Operated on : _____
Discharged on : <u>N.A.</u>	<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.		
Diagnosis <b>N.A.</b>	Surgical Operation (if applicable) <b>N.A.</b>	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : <b>N.A.</b>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
<b>NOT VALID WITHOUT CLINIC STAMP</b> <b>SINGHEALTH POLYCLINICS - BEDOK</b> Heartbeat @Bedok 11 Bedok North Street 1 #02-01/#03-01 Singapore 469662 Tel: 6642 6969 Fax: 6642 4308	Ward No. <b>Bedok Polyclinic</b>	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  <b>NATALIE ONG YINGXIAN , 61097F</b>
	Date <b>15-Jan-2019</b>	



**MEDICAL CERTIFICATE**

Name <b>ROSLAN BIN MOHD AMIN</b>		NRIC No. <b>S1711560Z</b>
This is to certify that the above-named is unfit for duty for a period of <u>N.A.</u> days from <u>N.A.</u> to <u>N.A.</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>N.A.</u>	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : <u>N.A.</u>	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis <b>N.A.</b>	Surgical Operation (if applicable) <b>N.A.</b>	
Fit for light duty from <u>21-Jan-2019</u> to <u>03-Feb-2019</u>		
Comments : <b>Avoid heavy lifting</b>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
No medical leave is necessary.		
<b>NOT VALID WITHOUT CLINIC STAMP</b>		
Ward No. <b>Bedok Polyclinic</b>		Signature, Name (In BLOCK LETTERS) and Designation/MCR No.   <b>NATALIE ONG YINGXIAN , 61097F</b>
Date <b>15-Jan-2019</b>		
SING HEALTH POLYCLINICS BEDOK Heartbeat @ Bedok 11 Bedok North Street 1 #02-01/#03-01 Singapore 469662 Tel: 6643 6969 Fax: 6444 4568 For enquiries please call 66436969		

# LEE SHENG AUTO PTE LTD

1, Kaki Bukit Ave 6, Autobay@KakiBukit

#01-60/58, Singapore 417883

Tel No. : 67477333 Fax No. : 67457138

E-Mail : leesheng@singnet.com.sg

Tax Reg. No. : 201000701R Buss. Reg. No. : 201000701R

Messrs. UNI DRUG HOUSE

Attention : Motor Claim Department

Contact : 68484229

Tax Invoice : TP000821

Date : 20/01/2019

Vehicle Num. : GBF 9556Z

Make/Model : TOYOTA HIACE-2016

Chassis/Eng# : JTFHT02P200215617/1KD2683186

Accident Date : 10/01/2019

Claim No. :

Reference :

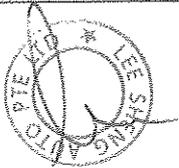
Policy No. :

LUMP SUM REPAIR

TO SUPPLY PARTS, PANEL BEATING, KNOCKING,  
JACKING, SPRAY PAINTING, REMOVE & REFIX ETC

Amount S\$

4,350.00



Total S\$ : 4,350.00  
GST @ 7% S\$ : 304.50  
Amount Due S\$ : 4,654.50  
=====

LEE SHENG AUTO PTE LTD



**RHK enterprise**

235 Telok Kurau Road Telok Mansion Singapore 429889  
Tel: 6747 0300, 6611 4266 Fax: 6611 4263  
e-mail: rhk99@singnet.com.sg

RHK enterprise  
318A, Tanjong Katong Road  
Singapore 437100

Tel: 6747 0300, 6611 4266  
Fax: 6611 4263

e-mail: rhk99@singnet.com.sg

WS: www.rhk.com.sg No: 1007

**OFFICIAL RECEIPT**

Date 22.01.19

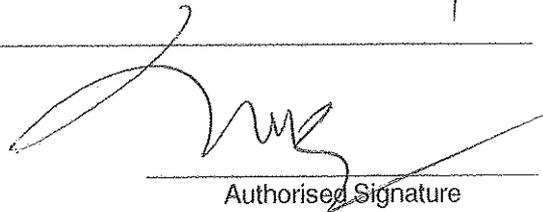
Received with thanks from Clai Tong House

the sum of Dollars Six Hundred Forty Three

Only \$643/-

Being Payment of GR273601. From 12/1/19 to 22/1/19

Cash/Cheque No. 6431-

  
Authorised Signature



**RHK 企業 enterprise**

No. 318A Tanjong Katong Road  
Singapore 437100

出租: 广告车, 必甲与轻重型罗厘  
**RENTAL OF VANS, PICK-UPS & LORRIES**  
Tel: 6747 0300 • 6440 5646 • 6611 4266 Fax: 6611 4263  
E-mail: rhk99@singnet.com.sg  
Registration No: 52891253D

HIRER'S PARTICULARS } I/We UNI DRUG HOUSE  
If Different From } of 61 UBI AVE 1 #05-31 S417943  
Section 1 } S ..... Tel: 93653790

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from RHK ENTERPRISE hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

- a) **THIRD PARTY ONLY MOTOR VEHICLE COVERAGE**  
the Excess which is the maximum amount of \$2500 to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single, accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle
- b) **COMPREHENSIVE MOTOR VEHICLE COVERAGE**  
the Excess which is the maximum amount of \$3500 for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle

whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereafter mentioned and printed at the back hereof:

Vehicle Regn No. 车辆注册号码 <u>GX2736M</u>		Rental Agreement 合同号码 No. <u>17378</u>
Section 1 Hirer's And/Or Driver's Particulars 租车者 / 驾驶员个人记录		出租日期及时间 <u>19/01/19</u> <u>5:00 PM</u>
Name: <u>A A HASSAN MOHAMED</u>		Date & Time OUT
姓名 <u>A A HASSAN MOHAMED</u>		Date & Time In <u>22/4/19</u> <u>5:00 PM</u>
Address: <u>31 CARMEN ST S459754</u>		Chargeable Rates Amount
地址 <u>31 CARMEN ST S459754</u>		天 Days \$54.33 \$93.00
居民证 / 护照号码 I/C No./Passport No: <u>S84178490</u>		星期 Weeks @\$
居民证 / 护照种类 Type of I/C/Passport: <u>02/02/07</u>		月 Months @\$
出生日期 Date of Birth: <u>02/07/84</u>		
执照日期 Date of Pass: <u>02/02/07</u>		
Insurance Coverage: <u>THIRD PARTY ONLY EXCESS SUM \$2600</u>		
车辆发出人 Vehicle Issued By: <u>AMIN</u>		总计 Total Charge \$93.00
车辆发收人 Vehicle Collected By: <u>AMIN</u>		Security Deposit 按金
车辆必须归还车主於 Vehicle Must Be Returned To Owner's Office By: <u>22/01/19 5:00 PM</u>		Total Payable 总金额 \$93.00
备注与付款记录 Remarks & Payment Records		Amount Paid 来银 <u>\$1013.00</u>
		Collection Fee/Misc. 收车费用 <u>\$195.00</u>
		超过 / 小时 Extra Hours @\$
出车油箱 Fuel Tank OUT <u>DIESEL</u>	还车油箱 Fuel Tank IN	租费不包括汽油 Rates, Do Not Include Fuel
车牌号码 Vehicle No: <u>1)</u>	起 From:	至 To:
车牌号码 Vehicle No: <u>2)</u>	起 From:	至 To:
工具 Tools (Set)	轮胎 Spare Tyre	装饰品 A/C, CD PLAYE Accessories
		加额费用 Total Additional Charges
NOTE: VEHICLE CAN ONLY CARRY WORKERS UP TO THE MAXIMUM PASSENGER CAPACITY(PAX) AS INDICATED ON THE LABEL OR LESS IF TOOL BOX OR GOODS OCCUPIES THE CARGO SPACE AREA. HIRER AND/OR DRIVER MUST BE ABOVE 23 YEARS AND BELOW 65 YEARS OF AGE WITH A MINIMUM OF 2 YEARS' DRIVING EXPERIENCE AND ARE LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.		
		总计 Grand Total

租车者住或司机必须付所有停车及违反交通法例负起一切责任。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期 Date: \_\_\_\_\_

租车者签名 Signature of Hirer: \_\_\_\_\_







**GENERAL  
INSURANCE  
ASSOCIATION**

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

### Third Party Insurer Enquiry

Our Ref No: GR-19-006541

Date of Request: 12/01/2019

Your Ref No: Online Purchase

Lee Sheng Auto Pte Ltd  
1 Kaki Bukit Avenue 6  
#01-58/60 AutoBay@Kaki Bukit  
Singapore 417883

Dear Sir/Madam,

Enquiry Date 12/01/2019  
Enquiry By LEE EK CHEN  
TP Vehicle No. SLM76X  
Accident Date 10/01/2019

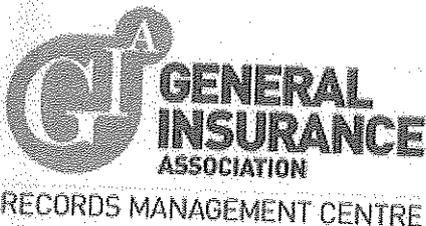
#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLM76X	AIG Asia Pacific Insurance Pte. Ltd.	08/07/2018-07/07/2019	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-19-006541  
 Date of Request: 12/01/2019

Your Ref No: Online Purchase

Lee Sheng Auto Pte Ltd  
 1 Kaki Bukit Avenue 6  
 #01-58/60 AutoBay@Kaki Bukit  
 Singapore 417883

Dear Sir/Madam,

Enquiry Date 12/01/2019  
 Enquiry By LEE EK CHEN  
 TP Vehicle No. SLM76X  
 Accident Date 10/01/2019

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO  Cash  Cheque