

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 10/11/19
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 / ~~80~~ (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 / ~~20~~

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



[Signature]

SI 711560 Z

LETTER OF AUTHORITY

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

BY THIS LETTER OF AUTHORITY given on the 10/1/19, 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)

Type text here

AUTHORISATION LETTER TO CLAIM MEDICAL BILLS

I/We, UNI DRUG House ("the third party claimant") of
G1 Kaki Bukit Ave 1 #05-31 (address),
owner/driver/passenger of QBF9556Z (vehicle no.) hereby authorize
Lee Sheng Auto Pte Ltd ("the workshop") to act for me with respect to my
claim for medical bills ("claim") pursuant to the accident which occurred 10/11/19
(date) along Paya Lebar Road (location) involving vehicle no/s
SLM 762C ("the accident").

I/We, also confirmed that we will not be making any Injury claim and will only claim for the medical bills related to this accident.

I/We further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 12th (day) of Jan (month) 2021 (year)

X
[Signature]



Signed by "the third party claimant"
(with chop if applicable)

LEE SHENG AUTO PTE LTD
1, Kaki Bukit Ave 6 #01-60
Singapore 417883
Tel: 6747 7397
Email: leesheng@singnet.com.sg

Signed by "the workshop"
(with chop)

RELEASE VOUCHER
(AIG Asia Pacific - Express Third Party Claim)

“We/I, **LEE SHENG AUTO PTE LTD** (“the workshop”) hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$4,654.50** (Repair Cost), **S\$643.00** (Loss of Use/Rental), **S\$141.20** (Disbursement) for vehicle no. **GBF 9556Z** that was damaged pursuant to the accident which occurred on **10/01/2019** (date) along **PAYA LEBAR AFTER UBI AVE 2 TWDS PIE** (location) involving vehicle no/s **SLM 76X**. This is pursuant to the inspection conducted on **14/01/2019** (date) at “the workshop”.

We/I confirm that we/I are/am authorized by the owner **UNI DRUG HOUSE** (“the third party claimant”) of vehicle no. **GBF 9556Z** make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by “the third party claimant”.

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that “the third party claimant” after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to **GBF 9556Z** (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of “the third party claimant” pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 6th (day) of Apr (month) 2021 (year)



LKP

Signed by appointed surveyor

LEE SHENG AUTO PTE LTD

1, Kaki Bukit Ave 6 #01-60

Singapore 417883

Tel: 6747 7397

Email: leesheng@singnet.com.sg

Signed by “the workshop” (with chop)

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

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16
SINGAPORE 079120
Attention : Motor Claim Department

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 420889
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

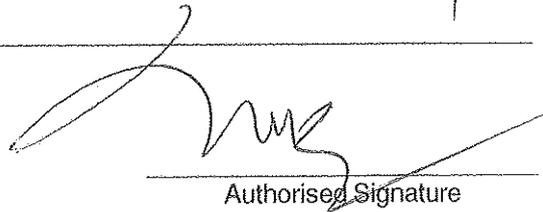
Received with thanks from Clai Tong House

the sum of Dollars Six Hundred Forty Three

Only \$643/-

Being Payment of Car Rental 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:

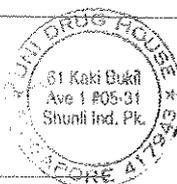
Vehicle Regn No. 车辆注册号码 <u>GX2736M</u>		Rental Agreement 合同号码 No. <u>17378</u>
Section 1 Hirer's And/Or Driver's Particulars 租车者 / 驾驶员个人记录		出租日期及时间 <u>19/01/19</u> <u>5:00 PM</u>
Name: <u>A A HASSAN MOHAMED</u>		Date & Time OUT
姓名 <u>A A HASSAN MOHAMED</u>		交车日期及时间 <u>22/4/19</u> <u>5:00 PM</u>
Address: <u>31 CARMEN ST S469754</u>		Date & Time In
地址 <u>31 CARMEN ST S469754</u>		Chargeable Rates Amount
居民证 / 护照号码 I/C No./Passport No:		天 Days @ \$ <u>54.33</u> \$ <u>93.00</u>
驾驶执照号码 Driving Licence No: <u>S84178490</u>		星期 Weeks @ \$
居民证 / 护照种类 Type of I/C/Passport:		月 Months @ \$
发行日期 Date of Issue: <u>02/02/07</u>		
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>Alvin</u>		总计 Cheque Total Charge \$ <u>93.00</u>
车辆发收人 Vehicle Collected By: <u>Alvin</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 \$ <u>93.00</u>
备注与付款记录 Remarks & Payment Records		Amount Paid 来银 <u>\$193.00</u>
		Collection Fee/Misc. 收车费用 <u>\$175.00</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	加额费用 Total Additional Charges
装饰品 Accessories <u>A/C, CD PLAYE</u>		
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

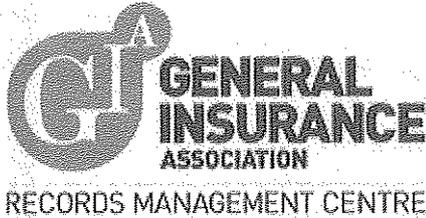
租车者住或司机必须付所有停车及违反交通法例负起一切责任。

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 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
RECORDS MANAGEMENT CENTRE

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

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

TAX INVOICE

Our Ref No: GR-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



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



Polyclinics
SingHealth

Reg No 52928775K

ORIGINAL

MEDICAL CERTIFICATE

GEM201924495

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>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	
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 N.A.	Surgical Operation (if applicable) N.A.	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : N.A.		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
NOT VALID WITHOUT CLINIC STAMP SINGHEALTH POLYCLINICS - BEDOK Heartbeat @Bedok 11 Bedok North Street 1 #02-01/#03-01 Singapore 469662 Tel: 6643 6969 F: 6414 4308 <small>For enquiries please call 66436969</small>	Ward No. Bedok Polyclinic	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. NATALIE ONG YINGXIAN , 61097F
	Date 15-Jan-2019	



Polyclinics

SingHealth

Reg No 52928775K

ORIGINAL

MEDICAL CERTIFICATE

GEM201924503

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>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 N.A.	Surgical Operation (if applicable) N.A.	
Fit for light duty from <u>21-Jan-2019</u> to <u>03-Feb-2019</u>		
Comments : <u>Avoid heavy lifting</u>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
No medical leave is necessary. NOT VALID WITHOUT CLINIC STAMP		
ST HEALTH POLYCLINICS - BEDOK Heartbeat @ Bedok 11 Bedok North Street 1 #02-01/#03-01 Singapore 469662 Tel: 6643 6969 Fax: 6444 4568	Ward No. Bedok Polyclinic	Signature, Name (In BLOCK LETTERS) and Designation/MCR No. NATALIE ONG YINGXIAN , 61097F
	Date 15-Jan-2019	
For enquiries please call 66436969		



TAX INVOICE

GST REG NO: M90368910N

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

ROSLAN BIN MOHD AMIN	Tax Invoice Number : BD17008425C0006
117 BEDOK RESERVOIR ROAD	Bill Ref Number : BD17008425C-0006-01
#09-72	Tax Invoice Date : 15.01.2019 1148 hrs
SINGAPORE 470117	Patient NRIC/HRN : S1711560Z
Patient : ROSLAN BIN MOHD AMIN	Visit Date : 15.01.2019 1037 hrs
	Visit / Bill Location : PCLBD/PCLBD/MED
	Payment Class : ADULT

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)	
			Full Amount	Payable Amount
POP5	CONSULTATION CONSULTATION	1	48.13	13.20
	Subtotal		48.13	13.20
	TOTAL CHARGES		48.13	
	LESS: GOVERNMENT SUBSIDY		-34.93	
	AMOUNT PAYABLE BEFORE TAX			13.20
	ADD: 7% GST			0.92
	AMOUNT PAYABLE AFTER TAX			14.12
	LESS: GST ABSORBED BY THE GOVERNMENT			-0.92
	NET AMOUNT PAYABLE			13.20
	ROSLAN BIN MOHD AMIN			13.20
	PAYMENT			
	ROSLAN BIN MOHD AMIN 15.01.2019 CASH	13.20		13.20
	AMOUNT DUE			
	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



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			
NAME	DATE	AMOUNT	PAYMENT TYPE
ROSLAN BIN MOHD AMIN	10.01.2019	126.00	NETS
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.

10.01.2019

22:13 hrs

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.

BALANCE DUE : S\$ 0.00

MRN/NRIC : S1711560Z

CASE NUMBER : 6919304127A

ADMISSION DATE : 10.01.2019

Amount Enclosed : \$

Cheque No./Bank :

S1711560Z ROSLAN BIN MOHD AMIN

CGH S1711560Z

6919304127A

0000000000000000



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC6/AIG19000898/Aha3

18 APRIL 2019

THAM KIN KEPNG
325 SERANGOON AVENUE 3
#13-294
SINGAPORE S550325

Dear Sir/Madam,

**ACCIDENT INVOLVING SLM76X & GBF9556Z ALONG/AT PAYA LEBAR ROAD ON
10/01/2019**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AIG Asia Pacific Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from GBF9556Z against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

KHANCHNA
Case Handler
DID: 6841-2360
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. *AIG Asia Pacific Insurance Pte Ltd*
(Motor Claims Dept)

Print Received Message

This mail is associated with :

***GBF9556Z (7536171139SG)**

[SLM76X]

TP

UNI DRUG HOUSE

Jan 10 2019 1:00PM

[KIN KEONG THAM]

Lee Sheng Auto Pte Ltd

From AIG Asia Pacific Insurance Pte. Ltd. (Express) (AIG_SG_EXPRESS), sent on 22/03/2021 13:25 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$5438.70) - GBF9556Z - Claim Handler: Ler, Bernard-JQ

Approved: 5438.70.