



ComfortDelGro Engineering

Our Ref: PTE/YP6263M/20190108/DS-CL

06/11/2019

AXA Insurance Singapore Pte Ltd
C/o LKK Auto Consultants Pte Ltd
51 Ubi Avenue 1, #02-25
Singapore 408933
Attn: Motor Claims Department

SUPERCEDED – 25.11.2019

Without Prejudice

Dear Sirs

ACCIDENT ON 08/01/2019 INVOLVING YP6263M & XD4140Y ALONG 2304 BEDOK RESERVOIR ROAD DOU YEE BUILDING

We are the authorised repair workshop for the owner of vehicle, YP6263M, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorized us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, XD4140Y, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	5,885.00
2. Car Rental	-
3. 7.0 days Loss of Use @ \$180	1,260.00
4. Surveyor Fee	-
5. LTA Fee	-
6. TP/GIA Fee	2.00
7. Driver's Medical Expenses	1,075.13
8. Driver's Leave Wages	2,332.46

(E&OE)	10,554.59

We enclose the following documents to support the claims: -

- | | |
|--|--|
| <input type="checkbox"/> Repair/Excess Bill | <input type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Surveyor Report | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Coloured Photographs | <input type="checkbox"/> Car Rental Bill |
| <input type="checkbox"/> GIA/Police Report(s) | <input checked="" type="checkbox"/> Medical Bill |
| <input type="checkbox"/> GIA/TP Search | <input type="checkbox"/> Witness Statement |
| <input checked="" type="checkbox"/> Others: <u>DRIVERS HR letter</u> | |

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully

Cecilia Lee

CDGE Claims Department

DID: 6214 8354 FAX: 6214 1843 Email: cecilialee@sparkcarcare.com

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701
Mainline +65 6383 6280
Facsimile +65 6280 9755

Company Registration No: 199506048W

Car Care Centres

Braddell
205 Braddell Road
Singapore 579701
Tel 6383 8110

Loyang
59 Loyang Drive
Singapore 508969
Tel 6214 8300

Pandan
45 Pandan Road
Singapore 609286
Tel 6338 8778

Senoko
24 Senoko Loop
Singapore 758156
Tel 6757 8760

Sin Ming
383 Sin Ming Drive
Singapore 575717
Tel 6553 0400

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791
Tel 6369 7369

Ubi
320 Ubi Road 3
Singapore 408649
Tel 6848 5721

www.SPARKcarcare.com

A member of

COMFORTDELGRO



COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) 4P6263M and (Third Party's Vehicle No.)
2D41404 on 08/01/2019 along 2304 Bedok Reservoir Road Dan Yee Building

Policy Nos: 2018-V0100432-VUV-R001

BY THIS POWER OF ATTORNEY, *I/We, _____ *NRIC/Passport

No. _____ (Address)* _____

/ Dan Yee Enterprises (S) Pte Ltd a company

incorporate in Singapore and having its registered office at (Address)* 2304 Bedok Reservoir Road Bedok Industrial
Park C (479223) owner of Vehicle Registered No. 4P6263M

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a
company incorporated in Singapore and having its registered office at _____

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf
to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) 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 or alternatively under Insurance Policy No. 2018-V0100432-VUV-R001 taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as *my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day 30 of the month of
May, Year Two Thousand - (2019)

Signed, Sealed & Delivered By

Piling
Customers Name: Tan Pui Ling
NRIC No.: S92131273
Co's rubber Stamp



delete as appropriate. Insurance



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	XD 4140Y (Insd veh)	Model: Hino FD75LMA (6403cc)
	YP 6263M (TP veh)	
Date of Accident/ Time:	08/01/2019	

Repair Estimate	: \$	5,885.00	
Final Repair Cost w/GST	: \$	5,885.00	
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	5,887.00	

Payee Name : ComfortDelGro Engineering Pte Ltd

Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>22</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		

Remarks:


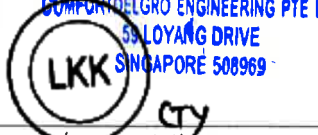

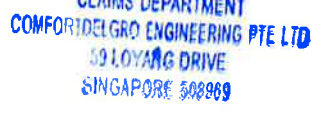
NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: CLAIMS DEPARTMENT Date: <u>20/12/2021</u> 	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: CLAIMS DEPARTMENT Date: <u>20/12/2021</u> 
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>23/12/2021</u>	

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD



redefining / insurance

CLAIM REF : S9M01FFS
INSURED : REJOICE CONTAINER SERVICES (PTE) LTD

DISCHARGE VOUCHER

We/I, DOU YEE ENTERPRISES S PTE LTD, NRIC NO.198202960E hereby agree to accept the sum of dollars THREE THOUSAND FIVE HUNDRED NINE AND CENTS THIRTEEN ONLY (\$3,509.13) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. XD4140Y as a result of an accident along 2304 BEDOK RESERVOIR ROAD DOU YEE BUILDING on 08/01/2019 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. YP6263M.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. XD4140Y in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. XD4140Y.

Dated this 22 day of DECEMBER 2021

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : [Stamp: DOU YEE ENTERPRISES (S) PTE LTD]

Occupation/ Business : MANUFACTURING / TRADING

Address : 2304 BEDOK RESERVOIR RD, #05-00 DOU YEE BUILDING, SINGAPORE 479223 C

Telephone No. : 6444 2678

Witness's Name : [Signature]

Witness's Signature : [Signature]

Witness's NRIC No. : _____

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg



redefining / insurance

GIRO CREDIT AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment will be credited directly into the policyholder/claimant's designated bank account stated below. The Policyholder/claimant has to complete all fields of this form and return to:

AXA Insurance Pte Ltd
8 Shenton Way, #24-01 AXA Tower
Singapore 068811

Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)	
Name of Policyholder/Claimant:	DOU YEE ENTERPRISES (S) PTE LTD
Contact Person:	ONG WEI CONG
Contact Number:	6249 6104 / 8182 4506
Email Address:	ongwc@douye.com.sg
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	
Particulars of Policyholder/Claimant's Bank Account	
Name of Bank:	UNITED OVERSEAS BANK LIMITED
Bank Code:	7375
Bank Branch Code:	001
Bank Account Number:	101-349-869-0
Name of Account Holder:	DOU YEE ENTERPRISES (S) PTE LTD

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such bank account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such insurance payout once such amounts are credited into the above bank account.

This authorisation shall continue in force until I/we have expressly revoked it by notice in writing delivered to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before the change.

In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").

Authorised Signature & Company Stamp (as in bank records)



22/12/2021
Date

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cdge.com.sg

Car Care Centres
205 Braddell Road Singapore 579701 Tel: 6383 8110
59 Loyang Drive Singapore 508969 Tel: 6214 8300
45 Pandan Road Singapore 609286 Tel: 6338 8778
383 Sin Ming Drive Singapore 575717 Tel: 6553 0400
7 Sungei Kadut Way Singapore 728791 Tel: 6369 7369
320 Ubi Road 3 Singapore 408649 Tel: 6746 0666
www.sparkcarcare.com



ComfortDelGro Engineering

TAX INVOICE

GST REG. NO. M2-8921817-3

COMPANY REG. NO: 199506048W

8010010

AXA INSURANCE PTE LTD

SHENTON WAY AXA TOWER #24-01 #8
SG 068811

CONTACT NO: 63387288

PO NUMBER: DOA 08.01.19

VEHICLE NO
YP 6263MMAKE
HINOMODEL
FD7JLMA-HASDATE/TIME IN
20.06.2019 17:41INVOICE NO./DATE
91473049 16.10.2019JOB NO.
305305113

ODOMETER READING

DATE/TIME OUT
27.06.2019 13:00

S/NO	DESCRIPTION	QTY	UNIT PRICE (S\$)	DISCOUNT	NET PRICE (S\$)
01	SUPPLY & REPLACE TAILGATE REF QE2019001	1 EAC		NA	
02	SUPPLY & REPLACE 01 TAILGATE PLATFORM	1 EAC	5,000.00	NA	5,000.00
03	LABOUR TO RE-ALIGN TAILGATE	1 EAC		NA	
04	SUPPLY & REWRAP R/CARGO BOX DOOR	1 EAC		NA	
05	COST PLUS 10%	1 EAC	500.00	NA	500.00

Total Amount

5,500.00

Add GST

7.00 %

385.00

Net Amount Payable

5,885.00

- 1) WHILST TAKING POSSESSION OF THE VEHICLE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED ON OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

PAGE: 1 OF 2

ComfortDelGro Engineering Pte Ltd and made payable to "ComfortDelGro Engineering Pte Ltd"
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91473049		

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cdge.com.sg

Car Care Centres
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
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7 Sungei Kadut Way Singapore 728791
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www.sparkcarcare.com

Tel: 6383 8110
Tel: 6214 8300
Tel: 6338 8778
Tel: 6553 0400
Tel: 6369 7369
Tel: 6746 0666



ComfortDelGro Engineering

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO: 199506048W

8010010

AXA INSURANCE PTE LTD

**SHENTON WAY AXA TOWER #24-01 #8
SG 068811**

CONTACT NO: 63387288

PO NUMBER: DOA 08.01.19

VEHICLE NO
YP 6263M

MAKE
HINO

MODEL
FD7JLMA-HAS

DATE/TIME IN
20.06.2019 17:41

INVOICE NO./DATE
91473049 16.10.2019

JOB NO.
305305113

ODOMETER READING

DATE/TIME OUT
27.06.2019 13:00

Issued by
Repair Type
Payment term

: DEVMCS04 16.10.2019 14:26:49
: CUSO/52/5T
: /Z030

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
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PAGE: 2 OF 2

ComfortDelGro Engineering Pte Ltd and made payable to "ComfortDelGro Engineering Pte Ltd"
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

**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-19-032123
Date of Request: 28/02/2019

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 28/02/2019
Enquiry By Chng King Lye Jasmine
TP Vehicle No. XD4140Y
Assessment Date 08/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XD4140Y	AXA Insurance Pte Ltd	29/11/2018-30/11/2019	6338 7288

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

RECORDS MANAGEMENT CENTRE

TAX INVOICE

Our Ref No: GR-19-032123

Date of Request: 28/02/2019

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 28/02/2019
Enquiry By Chng King Lye Jasmine
TP Vehicle No. XD4140Y
Assessment Date 08/01/2019

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

20 June 2019

To whom it may concern

Dear sir/ madam

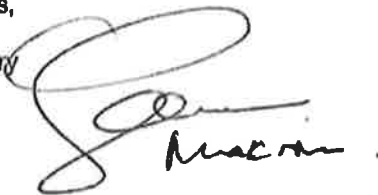
MD FAUZI BIN MD RAZALI , S8170852E

This is to inform you that Mr Md Fauzi is under Orthopaedic Surgery for low back pain.

His MRI lumbar showed well hydrated discs at all level with normal disc height. Reported to have diffuse disc bulge at L3/4 with annular fissure, however the abnormality is minimal and of dubious significance.

Thus, he is deemed fit for discharge and no further treatment is required at this point of time.

Thanks and regards,
Maksim Lal
Orthopaedic Surgery



PHOENIX MEDICAL GROUP PTE LTD

1 SELETAR ROAD, #02-11 GREENWICH V, SINGAPORE 807011
TEL: 65553512 Fax: 64842240



GST Reg No : 201107796D

TAX INVOICE

MD FAUZI BIN MD RAZALI
470A FERNVALE LINK
#03-406
S(791470)

Invoice No. : 100579
Our Reference : 22304
Date : 09 Jan 2019

Patient : MD FAUZI BIN MD RAZALI (S8170852E)

Doctor : DR LEE KAI LUN

DESCRIPTION	QTY	FEE (S\$)
ANAREX TABLET	20.00 tabs	6.00
ARCOXIA 120MG	5.00 tabs	18.00
NEUROFORTE TABLETS	10.00 tabs	6.00
KEFENTECH PLASTER	1.00 pkts	10.00
CONSULTATION		25.00
	Sub-Total	65.00
	Add GST 7.0%	4.55
	Rounding Adjustment	-0.55
	Total Amount Payable	69.00
Receipt No. 105803 - NETS	Payment Received	69.00
	Outstanding Balance	0.00

All cheques should be crossed and made payable to :

PHOENIX MEDICAL GROUP PTE LTD

This is a computer generated invoice which does not require a signature
E. & O.E

- ☒ 1 Seletar Road, #02-11, Greenwich V, S807011 Tel: 65553512 Fax: 64842240
☐ 4 Hillview Rise, #02-20, HillV2, S667979 Tel: 67107157 Fax: 67107167
☐ 60 Paya Lebar Road, #02-09, Paya Lebar Square, S409051 Tel: 67022940 Fax: 67022941
Email: enquiries@phoenixmedical.sg



Polyclinics
SingHealth

| Bedok | Bukit Merah | Geylang | Marine Parade | Outram | Pasir Ris | Queenstown | Sengkang | Tampines

TAX INVOICE

Tel: (65) 6643 6969
Fax: (65) 6343 8755
SingHealth Polyclinics - Sengkang
2 Sengkang Square #01-06
Sengkang Community Hub
Singapore 545025
polyclinic.singhealth.com.sg
UEN No 52928775K

GST REG NO: M90368910N

PSKRMS / FB / 15.01.2019 0909 hrs / Page 1 of 1

MD FAUZI BIN MD RAZALI	Tax Invoice Number : SK16182445E0005
470A FERNVALE LINK	Bill Ref Number : SK16182445E-0005-01
#03-406	Tax Invoice Date : 15.01.2019 0909 hrs
SINGAPORE 791470	Patient NRIC/HRN : S8170852E
Patient : MD FAUZI BIN MD RAZALI	Visit Date : 15.01.2019 0908 hrs
	Visit / Bill Location : PCLSK/PCLSK/MED
	Payment Class : ADULT

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)	
			Full Amount	Payable Amount
	<u>X-RAY INVESTIGATIONS</u>			
XD007E	Thoraco Lumbar Spine X-ray, AP and Lateral	1	67.29	30.40
XD007A	Cervical Spine X-ray, AP and Lateral	1	52.29	23.60
	Subtotal		119.58	54.00
	TOTAL CHARGES		119.58	
	LESS: GOVERNMENT SUBSIDY		-65.58	
	AMOUNT PAYABLE BEFORE TAX			54.00
	ADD: 7% GST			3.78
	AMOUNT PAYABLE AFTER TAX			57.78
	LESS: GST ABSORBED BY THE GOVERNMENT			-3.78
	NET AMOUNT PAYABLE			54.00
	MD FAUZI BIN MD RAZALI			54.00
	PAYMENT			
MD FAUZI BIN MD RAZA	15.01.2019 NETS	54.00		54.00
	AMOUNT DUE			
	MD FAUZI BIN MD RAZALI			0.00
	ST: P S8170852E			
	*** You are served by RATNA BINTE MOHAMED SALLEH ***			

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.

Members of the SingHealth Group

Singapore 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 Polyclinics



Polyclinics
SingHealth

Bedok | Bukit Merah | Marine Parade | Outram | Pasir Ris | Punggol | Sengkang | Tampines

Tel: (65) 6643 6969
Fax: (65) 6343 8755
SingHealth Polyclinics - Sengkang
2 Sengkang Square #01-06
Sengkang Community Hub
Singapore 545025
polyclinic.singhealth.com.sg
UEN No 52928775K

TAX INVOICE

GST REG NO: M90368910N

PSKNBS / FB / 15.01.2019 1103 hrs / Page 1 of 1

MD FAUZI BIN MD RAZALI	Tax Invoice Number : SK16182445E0004
470A FERNVALE LINK	Bill Ref Number : SK16182445E-0004-01
#03-406	Tax Invoice Date : 15.01.2019 1103 hrs
SINGAPORE 791470	Patient NRIC/HRN : S8170852E
Patient : MD FAUZI BIN MD RAZALI	Visit Date : 15.01.2019 0822 hrs
	Visit / Bill Location : PCLSK/PCLSK/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
	MEDICATION/DEVICES			
IPR4NA1	DICLOFENAC SOD EC TAB - (S1)	50	6.00	1.40
IPR4NA1	FAMOTIDINE TAB - (S1)	20	2.00	0.50
IPR3NA1	KETOPROFEN 30MG PLASTER - (NS)	1	2.20	2.20
	Subtotal		10.20	4.10
	TOTAL CHARGES		58.33	
	LESS: GOVERNMENT SUBSIDY		-41.03	
	AMOUNT PAYABLE BEFORE TAX			17.30
	ADD: 7% GST			1.21
	AMOUNT PAYABLE AFTER TAX			18.51
	LESS: GST ABSORBED BY THE GOVERNMENT			-1.21
	NET AMOUNT PAYABLE			17.30
	MD FAUZI BIN MD RAZALI			17.30
	PAYMENT			
	MD FAUZI BIN MD RAZA 15.01.2019 NETS	17.30		17.30
	AMOUNT DUE			
	MD FAUZI BIN MD RAZALI			0.00
	ST: P S8170852E			
	*** You are served by NORINDAH BINTE MOHD SALEH ***			

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 REG NO. : M90368910N

TAX INVOICE

11.02.2019 / QOPLKY1

MD FAUZI BIN MD RAZALI
470A FERNVALE LINK
#03-406
SINGAPORE 791470

EXTERNAL ID/NRIC : S8170852E
CASE NUMBER : 8119907240D
CUSTOMER NUMBER : 3021816434
A&E VISIT : 11.02.2019 16:05
LOCATION : QEMD QCAEZ
BILLING DATE : 11.02.2019

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S\$)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S\$)
A&E ATTENDANCE FEE	237.00	121.00
LABORATORY INVESTIGATIONS	14.60	0.00
DRUGS / PRESCRIPTIONS / INJECTIONS	6.72	0.00
X-RAY INVESTIGATIONS	91.40	0.00
SUB TOTAL	349.72	121.00
ADDITIONAL SERVICES		
DRUGS / PRESCRIPTIONS / INJECTIONS	8.35	7.39
SUB TOTAL	8.35	7.39
TOTAL CHARGES	358.07	
GOVERNMENT GRANT	229.68-	
AMOUNT PAYABLE BEFORE TAX		128.39
ADD : 7% GST		8.99
AMOUNT PAYABLE AFTER TAX		137.38
LESS : GST ABSORBED BY THE GOVERNMENT		8.99-
NET AMOUNT PAYABLE		128.39
PAYMENTS		
MD FAUZI BIN MD RAZALI		128.39-
TOTAL DUE AFTER PAYMENTS		
AMOUNT DUE : MD FAUZI BIN MD RAZALI		0.00

PAYMENT- Please pay immediately on receipt of the bill. Payment can be made via Internet at www.singhealth.com.sg/PayOnline, SAM web at <https://www.mysam.sg/>, AXS (mobile & Internet) at www.axs.com.sg, SAM Mobile apps, SAM Kiosks, AXS Stations, DBS Internet banking, DBS PayLah! and Singapore Post Office Branches. Cheque payments should be crossed and made payable to "Sengkang General Hospital Pte. Ltd.". Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail it to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532.

REFUND will be processed within 1 month from Final Bill date.



TAX INVOICE

ORIGINAL

QOPLSC / FB / 18.02.2019 1816 hrs / Page 1 of 1

GST REG NO : M90368910N

MD FAUZI BIN MD RAZALI

470A FERNVALE LINK

#03-406

SINGAPORE 791470

Patient : MD FAUZI BIN MD RAZALI

Tax Invoice Number: Q219055313I0001

Bill Ref Number : Q219055313I-0001-01

Tax Invoice Date : 18.02.2019 1816 hrs

Patient NRIC/HRN : S8170852E

Visit Date : 18.02.2019 1644 hrs

Visit / Bill Location : QCL3 / QCL3 / OTO

Payment Class : SUBSIDISED

Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(\$)
CONSULTATION AND SERVICES			
	<u>PROFESSIONAL FEES - DOCTOR</u>	Subtotal	97.00
76001104	CONSULT - INITIAL VISIT	1	97.00
	Subtotal Charges (before Government Subsidy)		97.00
	Less: Government Subsidy		-67.90
	Subtotal Charges (after Government Subsidy)		29.10
	Total Charges Payable		29.10
AMOUNT PAYABLE BEFORE TAX			29.10
ADD : 7% GST			2.04
AMOUNT PAYABLE AFTER TAX			31.14
LESS : GST ABSORBED BY THE GOVERNMENT			-2.04
NET AMOUNT PAYABLE			29.10
MD FAUZI BIN MD RAZALI			29.10
PAYMENT	18.02.2019	NETS	29.10
MD FAUZI BIN MD RAZALI			29.10
AMOUNT DUE FROM			0.00
MD FAUZI BIN MD RAZALI			0.00

ST: P S8170852E

First Consultation - with referral

*** You are served by LEE SEOK CHENG ***

"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."

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TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QAHCWL / FB / 26.02.2019 1500 hrs / Page 1 of 1

MD FAUZI BIN MD RAZALI	Tax Invoice Number: Q219055313I0006
470A FERNVALE LINK	Bill Ref Number : Q219055313I-0006-01
#03-406	Tax Invoice Date : 26.02.2019 1500 hrs
SINGAPORE 791470	Patient NRIC/HRN : S8170852E
Patient : MD FAUZI BIN MD RAZALI	Visit Date : 26.02.2019 1401 hrs
	Visit / Bill Location : QXRPT / QXRPT / OTO
	Payment Class : SUBSIDISED
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SERVICES			
	REHABILITATIVE SERVICES	Subtotal	153.40
74500118	PHYSIOTHERAPY ASSESSMENT	1	56.20
74500119	PHYSIOTHERAPY EDUCATION	1	46.50
74500220	THERAPEUTIC EXERCISE	1	50.70
	Subtotal Charges (before Government Subsidy)		153.40
	Less: Government Subsidy		-76.70
	Subtotal Charges (after Government Subsidy)		76.70
	Total Charges Payable		76.70
AMOUNT PAYABLE BEFORE TAX			76.70
ADD : 7% GST			5.37
AMOUNT PAYABLE AFTER TAX			82.07
LESS : GST ABSORBED BY THE GOVERNMENT			-5.37
NET AMOUNT PAYABLE			76.70
MD FAUZI BIN MD RAZALI			76.70
PAYMENT			
MD FAUZI BIN MD RAZALI	26.02.2019	CASH	76.70
AMOUNT DUE FROM			
MD FAUZI BIN MD RAZALI			0.00
ST: P S8170852E			
*** You are served by DORIS CHAN WAI LENG ***			

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- Please pay immediately on receipt of the bill. Payment can be made via internet at www.singhealth.com.sg/PayOnline, SAM web at <https://www.mysam.sg/>, AXS (mobile & Internet) at www.axs.com.sg, SAM Mobile apps, SAM Kiosks, AXS Stations, DBS Internet banking, DBS PayLah! and Singapore Post Office Branches. Cheque payments should be crossed and made payable to "Sengkang General Hospital Pte. Ltd.". Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail it to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532.



TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QAHJJU / FB / 14.03.2019 1503 hrs / Page 1 of 1

MD FAUZI BIN MD RAZALI	Tax Invoice Number: Q219055313I0007
470A FERNVALE LINK	Bill Ref Number : Q219055313I-0007-01
#03-406	Tax Invoice Date : 14.03.2019 1503 hrs
SINGAPORE 791470	Patient NRIC/HRN : S8170852E
Patient : MD FAUZI BIN MD RAZALI	Visit Date : 14.03.2019 1417 hrs
	Visit / Bill Location : QXRPT / QXRPT / OTO
	Payment Class : SUBSIDISED
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SERVICES			
	<u>REHABILITATIVE SERVICES</u>	Subtotal	135.80
74500119	PHYSIOTHERAPY EDUCATION	1	46.50
74500220	THERAPEUTIC EXERCISE	1	50.70
74500323	PHYSIOTHERAPY REVIEW	1	38.60
Subtotal Charges (before Government Subsidy)			135.80
Less: Government Subsidy			-67.90
Subtotal Charges (after Government Subsidy)			67.90
Total Charges Payable			67.90
AMOUNT PAYABLE BEFORE TAX			67.90
ADD : 7% GST			4.75
AMOUNT PAYABLE AFTER TAX			72.65
LESS : GST ABSORBED BY THE GOVERNMENT			-4.75
NET AMOUNT PAYABLE			67.90
MD FAUZI BIN MD RAZALI			67.90
PAYMENT			
MD FAUZI BIN MD RAZALI	14.03.2019	NETS	67.90
AMOUNT DUE FROM			
MD FAUZI BIN MD RAZALI			0.00
ST: P S8170852E			
*** You are served by JUWIETA BINTE JUMA'AT ***			

"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."

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TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

QAMTKL / FB / 23.04.2019 0812 hrs / Page 1 of 1


MD FAUZI BIN MD RAZALI	Tax Invoice Number: Q219055313I0004
470A FERNVALE LINK	Bill Ref Number : Q219055313I-0004-01
#03-406	Tax Invoice Date : 23.04.2019 0812 hrs
SINGAPORE 791470	Patient NRIC/HRN : S8170852E
	Visit Date : 23.04.2019 0801 hrs
Patient : MD FAUZI BIN MD RAZALI	Visit / Bill Location : QXDDR / QXDDR / OTO
	Payment Class : SUBSIDISED
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SERVICES			
	<u>MRI</u>	Subtotal	1015.00
15014708	MRI Lumbar Spine	1	1015.00
	Subtotal Charges (before Government Subsidy)		1015.00
	Less: Government Subsidy		-507.50
	Subtotal Charges (after Government Subsidy)		507.50
	Total Charges Payable		507.50
AMOUNT PAYABLE BEFORE TAX			507.50
ADD : 7% GST			35.52
AMOUNT PAYABLE AFTER TAX			543.02
LESS : GST ABSORBED BY THE GOVERNMENT			-35.52
NET AMOUNT PAYABLE			507.50
MD FAUZI BIN MD RAZALI			507.50
PAYMENT			
MD FAUZI BIN MD RAZALI			0.00
AMOUNT DUE FROM			
MD FAUZI BIN MD RAZALI			507.50
ST: P S8170852E			
*** You are served by EDWIN TAN KANG LOON ***			

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."

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Please attach this portion to your cheque payment

S8170852E	23.04.2019	Q219055313I0004	Amt Due \$	507.50	
MD FAUZI BIN MD RAZALI					

te IN1904/MA/00501
30/04/2019
Code DU00002
DOU YEE ENTERPRISES (S) PTE LTD
2304 BEDOK RESERVOIR ROAD
BEDOK INDUSTRIAL PARK C
SINGAPORE 479223
KUAN YET FONG



Make Health Connect

MHC MEDICAL NETWORK PTE LTD
1 Commonwealth Lane #02-13
One Commonwealth, Singapore 149544

d	Name	Nric/Id	Visit Date	Clinic	Clinic Code	Consult	Drug	Proc	X-ray	Lab	EHS	Total (Incl Gst)	Less Cash	Amount Due	GST
t Centre: SP001															
	MD FAUZI BIN MD RAZALI	S***852E	23/04/2019	MEDIVENE CLINIC & SURGERY	SGP000745	\$13.00	\$60.40	\$0.00	\$0.00	\$0.00	0.00	\$73.40	\$0.00	\$73.40	\$0.00

TAX INVOICE

ORIGINAL

JO : M90368910N

QOPRBJA / FB / 27.05.2019 1655 hrs / Page 1 of 1

FAUZI BIN MD RAZALI

FERNVALE LINK

06

PORE 791470

t : MD FAUZI BIN MD RAZALI

Tax Invoice Number: Q21905531310003
 Bill Ref Number : Q2190553131-0003-01
 Tax Invoice Date : 27.05.2019 1655 hrs
 Patient NRIC/HRN : S8170852E
 Visit Date : 27.05.2019 1412 hrs
 Visit / Bill Location : QCL3 / QCL3 / OTO
 Payment Class : SUBSIDISED
 Type of Supply : Cash/Credit

CODE	DESCRIPTION	QUANTITY	AMOUNT(\$)
PROFESSIONAL FEES - DOCTOR			
	CONSULT - REPEAT VISIT	1	97.00
	Subtotal		97.00
	Subtotal Charges (before Government Subsidy)		97.00
	Less: Government Subsidy		-58.00
	Subtotal Charges (after Government Subsidy)		39.00
	Total Charges Payable		39.00
PAYABLE BEFORE TAX			39.00
GST			2.73
PAYABLE AFTER TAX			41.73
ABSORBED BY THE GOVERNMENT			-2.73
NET PAYABLE			39.00
BIN MD RAZALI			39.00
BIN MD RAZALI	27.05.2019	NETS	39.00
JE FROM			
BIN MD RAZALI			0.00

852E

erved by RASHIDAH BANO BINTE JAMIL AHMAD ***

MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE : Login to mycpf online services with your Singpass at
 f.gov.sg and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and
 ents. For more information, please visit <http://www.cpf.gov.sg>>> FAQ >> Healthcare. REIMBURSEMENT INFORMATION FOR
 AND INSURERS : Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the
 ield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed
 >> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the
 r offering the Integrated Shield Plan."

lease pay immediately on receipt of the bill. Payment can be made via internet at www.singhealth.com.sg/PayOnline SAM web at



**Sengkang
General Hospital**
SingHealth

Tel: (65) 6930 6003

Fax:

Sengkang General Hospital

Singapore 544886

Health Information Management Services

Medical Reports Section

Reg No: 201220357K

GST Reg No: M9-0368910-N

Payment Receipt/Tax Invoice

Invoice No : MR/0002810/2019 **Date** : 18-06-2019
Payee's Name : DOU YEE ENTERPRISE(S) PTE LTD
Address : DOU YEE ENTERPRISE(S) PTE LTD
2304 BEDOK RESERVOIR ROAD
BEDOK INDUSTRIAL
PARK C SINGAPORE 479223
Requestor : SELF **Our Ref** : MR/03241/2019/201903997
Patient : MD FAUZI BIN MD RAZALI **Your Ref** :
URN : S8170852E **Currency** : SGD
Payment Mode : CHEQUE
Bank : UOB
Cheque/Card No : 110626

S/No	Description	Qty	Unit Price SGD	Total Price SGD
1	MEMO	1	\$12.00	\$12.00
Sub-Total				\$12.00
7 % GST				\$0.84
Total Amount Payable				\$12.84
Amount Received (MRPERT/6220/2019)				\$12.84
Balance Amount				\$0.00

This is a system generated receipt. No signature is required.

Company: Dou Yee Enterprises (S) Pte Ltd

Incident: Road Traffic Accident Involving XD4140Y (Rejoice Container Services Pte Ltd) and YP6263 M along Bedok Reservoir Road

Incident Date: 08/01/2019

Police report: G/2019110/2068

No	Date	Subject	1. Medical Expenses	Remark	Medical Leave from	Medical Leave to	No. Days	2. Medical Leave Wages	3. Total Claimable (1+2)
1	09/01/2019	Medical Fee	69.00	Phoenix Medical Group-100579	09/01/2019	11/01/2019	3	488.19	557.19
2	15/01/2019	Medical Fee	54.00	Sengkang Polyclinic-SK16182445E0005	15/01/2019	16/01/2019	2	325.46	379.46
3	15/01/2019	Medical Fee	17.30	Sengkang Polyclinic- SK16182445E0004				-	17.30
4	11/02/2019	Medical Fee	128.39	Sengkang General Hospital-QOPLKY1	11/02/2019	17/02/2019	5	813.65	942.04
5	18/02/2019	Medical Fee	29.10	Sengkang General Hospital-Q219055313I0001	18/02/2019	18/02/2019	1	162.73	191.83
6	26/02/2019	Physiotherapy	76.70	Sengkang General Hospital-Q219055313I0006	26/02/2019	26/02/2019	0.5	81.37	158.07
7	14/03/2019	Physiotherapy	67.90	Sengkang General Hospital-Q219055313I0006	14/03/2019	14/03/2019	0.5	81.37	149.27
8	23/04/2019	MRI	507.50	Sengkang General Hospital-Q219055313I0004				-	507.50
9	23/04/2019	Medical Fee	73.40	Medivene Clinic & Surgery	23/04/2019	24/04/2019	2	325.46	398.86
10	27/05/2019	Medical Fee	39.00	Sengkang General Hospital-Q219055313I0003	27/05/2019	27/05/2019	0.5	54.24	93.24
11	13/06/2019	Medical Memo Fee	12.84	Sengkang General Hospital				-	12.84
		Total	1,075.13				14.5	2,332.46	3,407.59

Total medical expenses and medical leave wages to pay to Dou Yee Enterprises (S) Pte Ltd

\$ 3,407.59

PAYSLIP ADVICE

DOU YEE ENTERPRISES (S) PTE LTD				PERIOD : END-JAN 2019	
NAME : MD FAUZI BIN MD RAZALI				EMPLOYEE# : 34026	
DEPT : SHIPPING					
DESCRIPTION	HOURS / DAYS	RATE	EARNINGS	HOURS/DAYS	DEDUCTIONS
BASIC WAGES			2,360.00	EMPLOYEE CPF	-1,520.00
OT1.5C	15.15	18.57	281.34	RECOVERABLE	-500.00
OT1.5L	5.35	18.09	96.78	MOSQUE MENDAKI BLDG FUND	-22.00
DELIVERY INCENTIVE			264.00		
BONUS *			4,600.00		
OTHER REIMBURSEMENT-HANDPHONE			10.00		
TOTAL EARNINGS SGD			7,612.12	TOTAL DEDUCTIONS SGD	
				-2,042.00	
				Salary Info	Current Month Earning
				NETT PAY	5,570.12
				GROSS WAGE	7,612.12
				CPF WAGE	7,602.12
				EMPLOYER CPF	1,293.00
				EMPLOYEE CPF	1,520.00
PAYSLIP FOR : 01/JAN/2019 TO 31/JAN/2019					

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

PAYSLIP ADVICE

DOU YEE ENTERPRISES (S) PTE LTD				PERIOD : END-FEB 2019	
NAME : MD FAUZI BIN MD RAZALI				EMPLOYEE# : 34026	
DEPT : SHIPPING					
DESCRIPTION	HOURS / DAYS	RATE	EARNINGS	HOURS/DAYS	DEDUCTIONS
BASIC WAGES			2,360.00	EMPLOYEE CPF	-550.00
OT1.5C	10.80	18.57	200.56	MOSQUE MENDAKI BLDG FUND	-6.50
DELIVERY INCENTIVE			190.00		
OTHER REIMBURSEMENT-HANDPHONE			10.00		
TOTAL EARNINGS SGD			2,760.56	TOTAL DEDUCTIONS SGD	
				-556.50	
				Salary Info	Current Month Earning
				NETT PAY	2,204.06
				GROSS WAGE	2,760.56
				CPFWAGE	2,750.56
				EMPLOYER CPF	468.00
				EMPLOYEE CPF	550.00
PAYSLIP FOR : 01/FEB/2019 TO 28/FEB/2019					

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

PAYSLIP ADVICE

DOU YEE ENTERPRISES (S) PTE LTD				PERIOD : END-MAR 2019	
NAME : MD FAUZI BIN MD RAZALI				EMPLOYEE# : 34026	
DEPT : SHIPPING					
DESCRIPTION		HOURS / DAYS	RATE	EARNINGS	HOURS/DAYS DEDUCTIONS
BASIC WAGES				2,360.00	EMPLOYEE CPF -633.00
OT1.5C		26.08	18.57	484.31	MOSQUE MENDAKI BLDG FUND -15.00
DELIVERY INCENTIVE				322.00	
OTHER REIMBURSEMENT-HANDPHONE				10.00	
TOTAL EARNINGS SGD				3,176.31	TOTAL DEDUCTIONS SGD -648.00
PAYSリップ FOR : 01/MAR/2019 TO 31/MAR/2019				Salary Info Current Month Earning	
				NETT PAY 2,528.31	
				GROSS WAGE 3,176.31	
				CPFWAGE 3,166.31	
				EMPLOYER CPF 539.00	
				EMPLOYEE CPF 633.00	

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PAYSLIP ADVICE

DOU YEE ENTERPRISES (S) PTE LTD				PERIOD : END-APR 2019	
NAME : MD FAUZI BIN MD RAZALI				EMPLOYEE# : 34026	
DEPT : SHIPPING					
DESCRIPTION	HOURS / DAYS	RATE	EARNINGS	HOURS/DAYS	DEDUCTIONS
BASIC WAGES			2,360.00	EMPLOYEE CPF	-661.00
OT1.5C	32.28	18.57	599.44	MOSQUE MENDAKI BLDG FUND	-15.00
DELIVERY INCENTIVE			348.00		
OTHER REIMBURSEMENT-HANDPHONE			10.00		
TOTAL EARNINGS SGD				3,317.44	
				TOTAL DEDUCTIONS SGD	-676.00
				Salary Info	Current Month Earning
				NETT PAY	2,641.44
				GROSS WAGE	3,317.44
				CPFWAGE	3,307.44
				EMPLOYER CPF	563.00
				EMPLOYEE CPF	661.00
PAYSLIP FOR : 01/APR/2019 TO 30/APR/2019					

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PAYSLIP ADVICE

DOU YEE ENTERPRISES (S) PTE LTD				PERIOD : END-MAY 2019	
NAME : MD FAUZI BIN MD RAZALI				EMPLOYEE# : 34026	
DEPT : SHIPPING					
DESCRIPTION	HOURS / DAYS	RATE	EARNINGS	HOURS/DAYS	DEDUCTIONS
BASIC WAGES			2,360.00	EMPLOYEE CPF	-609.00
OT1.5C	22.92	18.57	425.62	ADVANCE PAY	-590.00
DELIVERY INCENTIVE			264.00	MOSQUE MENDAKI BLDG FUND	-15.00
MEDICAL FEE _3RD PARTY FEE			442.39		
OTHER REIMBURSEMENT-HANDPHONE			10.00		
TOTAL EARNINGS SGD			3,502.01	TOTAL DEDUCTIONS SGD	-1,214.00
PAYSLIP FOR : 01/MAY/2019 TO 31/MAY/2019				Salary Info	Current Month Earning
				NETT PAY	2,288.01
				GROSS WAGE	3,502.01
				CPF WAGE	3,049.62
				EMPLOYER CPF	519.00
				EMPLOYEE CPF	609.00

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PAYSLIP ADVICE

DOU YEE ENTERPRISES (S) PTE LTD				PERIOD : END-JUN 2019	
NAME : MD FAUZI BIN MD RAZALI				EMPLOYEE# : 34026	
DEPT : SHIPPING					
DESCRIPTION	HOURS / DAYS	RATE	EARNINGS	HOURS/DAYS	DEDUCTIONS
BASIC WAGES			2,360.00	EMPLOYEE CPF	-615.00
OT1.5C	23.92	18.57	444.19	MOSQUE MENDAKI BLDG FUND	-15.00
DELIVERY INCENTIVE			274.00	ADVANCE PAY	-590.00
MEDICAL REIMBURSEMENT			39.00		
OTHER REIMBURSEMENT-HANDPHONE			10.00		
TOTAL EARNINGS SGD			3,127.19	TOTAL DEDUCTIONS SGD	
				-1,220.00	
				Salary Info	Current Month Earning
				NETT PAY	1,907.19
				GROSS WAGE	3,127.19
				CPF WAGE	3,078.19
				EMPLOYER CPF	524.00
				EMPLOYEE CPF	615.00
PAYSLIP FOR : 01/JUN/2019 TO 30/JUN/2019					

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

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Wednesday, 17 April 2019 12:46 PM
To: annie-lim@rejoice1.com.sg
Cc: Hsiao Tong (LKKAuto); Admin A; Vic (LKKAuto)
Subject: Your ref: XD 4140Y (Our ref: CC4/ASM19003774/Egb3) *** ACCIDENT INVOLVING XD 4140Y & YP 6263M ON 08/01/2019 ***

REJOICE CONTAINER SERVICES (PTE) LTD

Dear Sir/ Mdm

OUR REF : CC4/ASM19003774/Egb3

YOUR REF : XD 4140Y

ACCIDENT INVOLVING XD 4140Y & YP 6263M ALONG/AT 2304 BEDOK RESERVOIR ROAD ON 08/01/2019

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

We have received a claim from COMFORTDELGRO ENGINEERING PTE LTD acting on behalf of the owner of YP 6263M against your motor insurance policy.

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

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ceciliachong@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Driver's Work Permit
- Employment Letter/ Authorisation letter from your company
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6749 4274 or email us at ceciliachong@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



AUTO
CONSULTANTS
PTE LTD

Save the Earth. Print only when necessary.



Menu



Re:RE: MANDATE - S9M01FFS

Type

Question

Message

Revised \$5,885.00 + LOU(6days x \$150):\$900.00 + GIA search fee: \$2.00 + Driver's medical expenses \$1075.13 and Leave wages: \$1534 (13 days) = Total: \$9396.13

[Reply](#)