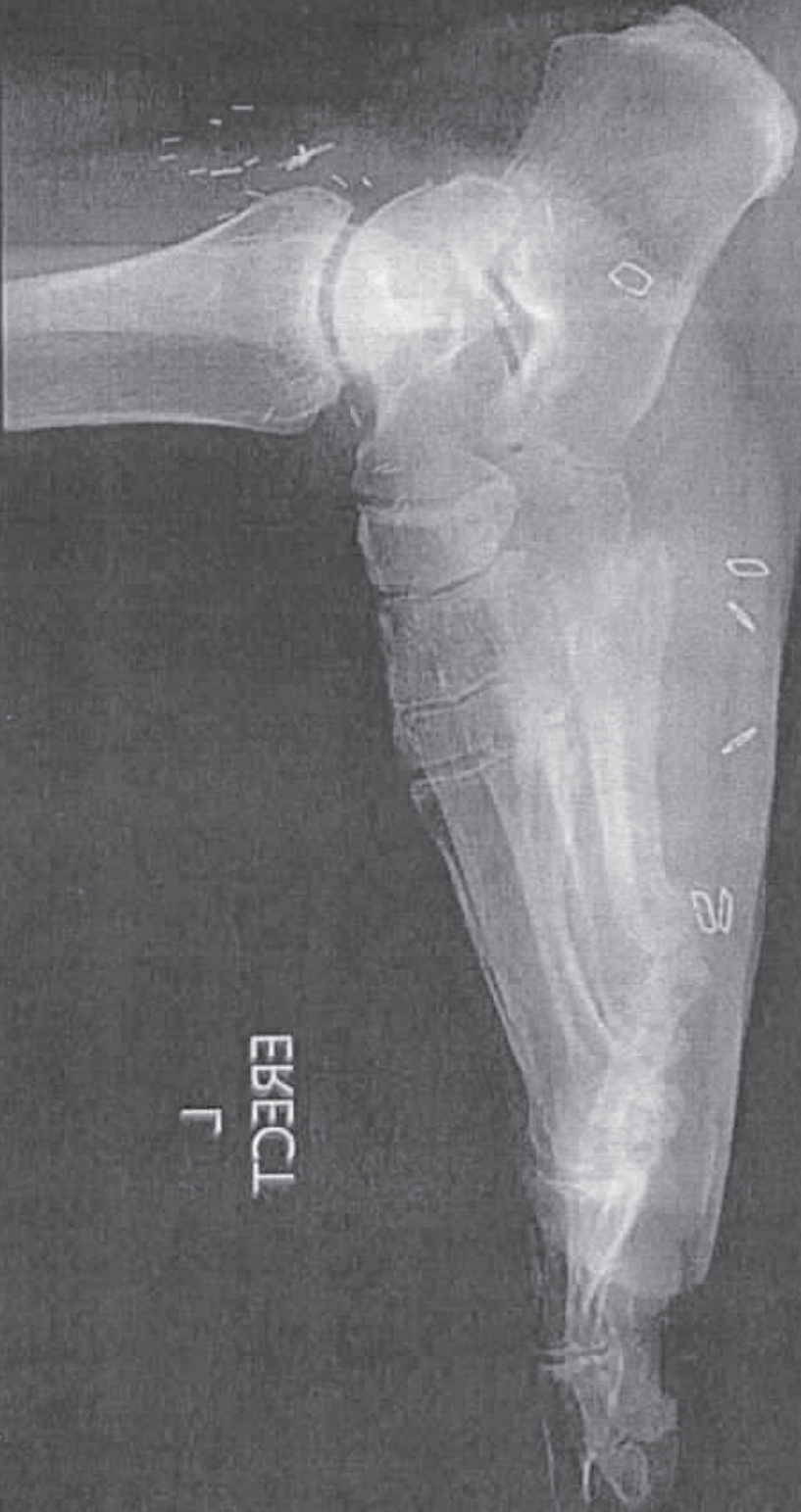
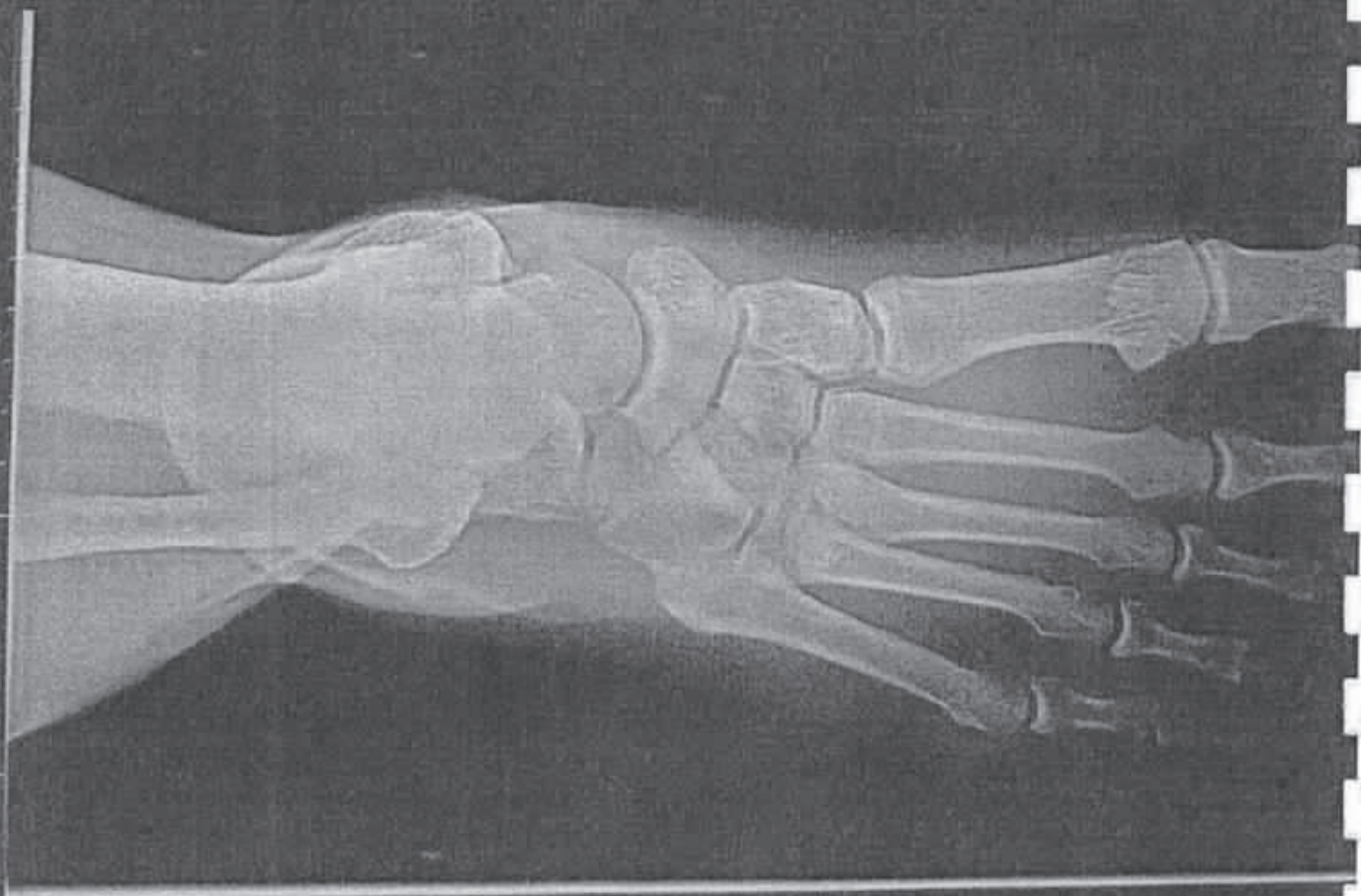
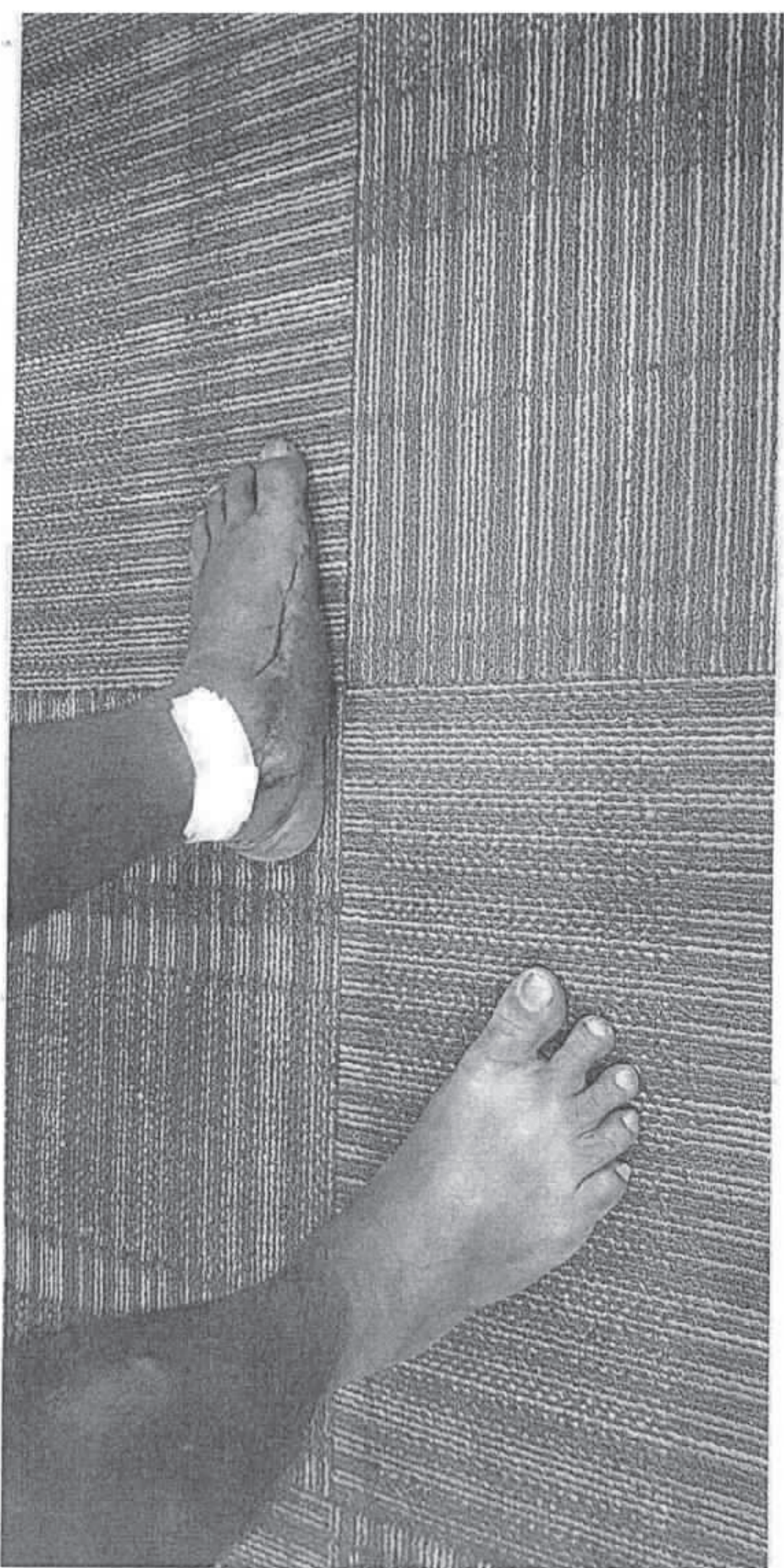


Sex : Male
DOB : 19/01/1971



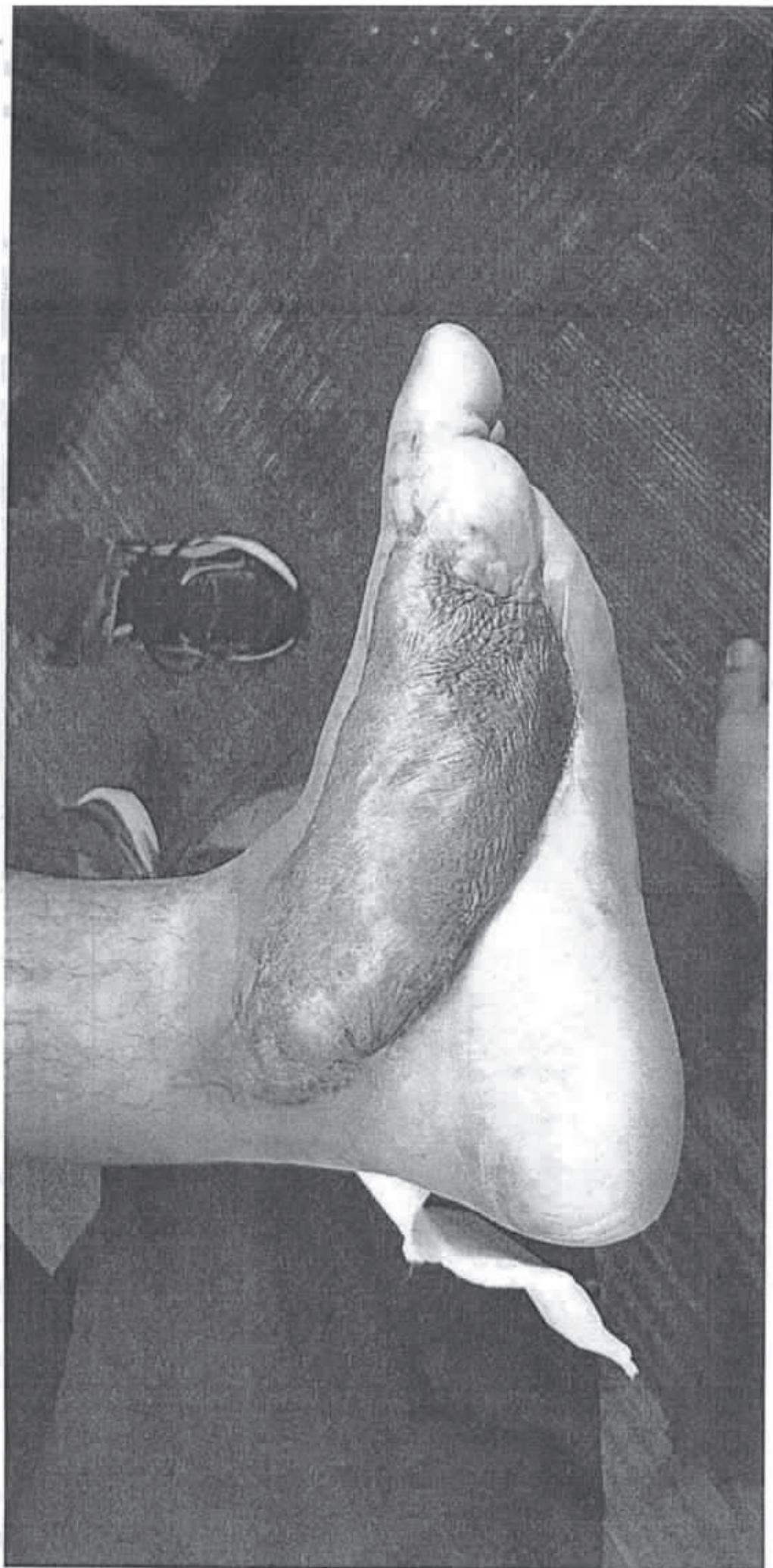
Operator : 210
2334666W
8/1/2018











6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Format: Abstract

J Orthop Trauma. 1994 Aug;8(4):343-9.

Morbidity after crush injuries to the foot.

Myerson MS¹, McGarvey WC, Henderson MR, Hakim J.

Author information

Abstract

By retrospective review of hospital records and by follow-up clinical examinations, we evaluated 58 patients with crush injuries to the foot treated at our institution between 1986 and 1990. All patients had received initial treatment according to a standardized protocol determined by the type and magnitude of the injury. Patients were examined at a mean interval of 3.3 years (range 2-4) after injury, and the functional outcome was determined according to a foot trauma rating scale. Based on this scoring system, 46% of the patients had good functional outcome, 29% had fair results, and 25% had poor results. There was a significant correlation between a good functional outcome and careful adherence to the treatment protocol; however, some patients fared poorly regardless of treatment. Poor results occurred if treatment was not immediately initiated, if soft-tissue coverage was delayed (in those who experienced severe, mangle-type injuries necessitating partial foot amputation), if patients subsequently had neuritis or reflex sympathetic dystrophy, or if patients were involved in ongoing workers' compensation and litigation. We conclude that because crush injuries of the foot may be associated with prolonged morbidity, initial management should be directed toward recognition and treatment of compartment syndromes, early soft-tissue coverage, and rigid skeletal stabilization to enhance soft-tissue healing.

PMID: 7965298

[Indexed for MEDLINE]

Publication type, MeSH terms

LinkOut - more resources

Reconstruction of Complex Defects of Lower Extremities Using Thinned Free Muscle Flaps.

Song B¹, Chen J², Han Y³, Li Y², Su Y², Guo S².

Author information

Abstract

BACKGROUND: Bulky appearance is a major shortcoming after surface coverage using free muscle flaps. The one-stage thinning procedure at the time of transfer can improve the appearance and avoid additional debulking surgery. We present our experiences in the reconstruction of complex lower extremity defects using thinned free muscle flaps.

METHODS: Latissimus dorsi muscle flaps (LDMs) and rectus abdominis muscle flaps (RAMs), which have vessel pedicles running deep in the muscles, were raised and the superficial tissue layers were removed to thin the flaps. These thinned muscle flaps were then used to resurface the wounds on lower extremities followed by coverage of skin autografts on the muscle surfaces.

RESULTS: Fourteen LDMs and four RAMs were thinned used for resurfacing eight, five, and three defects on feet, ankles, and pretibial regions, respectively, with wounds that ranged from 6 × 4 cm(2) to 23 × 9 cm(2). All muscle flaps survived the tangential thinning procedures uneventfully. High take rates were observed for most skin grafts, except that a partial skin loss was found in one case. During the 1-20 months follow-up, the skin surface contours over the thinned muscle flaps matched well with adjacent areas.

CONCLUSIONS: Intraoperative immediate thinning of LDMs and RAMs can be safely accomplished during the primary reconstruction procedure and may provide an alternative for coverage of complex lower extremity defects.

LEVEL OF EVIDENCE V: This journal requires that authors assign a level of evidence to each article. For a full description of these Evidence-Based Medicine ratings, please refer to the Table of Contents or the online Instructions to Authors www.springer.com/00266.

KEYWORDS: Latissimus dorsi muscle flap; Lower extremity injury; Muscle flap debulking; Rectus abdominis muscle flap; Thin flap

PMID: 27142521 DOI: [10.1007/s00266-016-0641-x](https://doi.org/10.1007/s00266-016-0641-x)

[Indexed for MEDLINE]

Microsurgical free muscle flaps for reconstruction of post-traumatic complex tissue defects of foot.

Varghese BK¹, Babu P², Roy T³.

Author information

Abstract

BACKGROUND: Crush injuries of the foot often result in complex tissue loss with exposed bones and tendons. These three-dimensional defects ideally require flexible well-perfused flaps to fill the space, afford resistance to infections, and to provide supple, durable weight- and pressure-bearing surfaces. Free muscle flaps with split thickness skin graft cover have been found to have several advantages in covering three-dimensional defects with exposed tendons and bones.

METHODS: All patients with post-traumatic composite tissue defects of the foot exposing bones and tendons, who presented to a tertiary care center during a 40-month period, were reconstructed with free muscle flaps as the first option. Gracilis muscle flap was used for eight patients and latissimus dorsi muscle for two patients. Decision regarding the choice of muscle was based on the size of the defect. The patients were followed up for 1 year and observed for return to activity, ability to wear footwear, requirement of secondary procedures, and any other complications.

RESULTS: Ten patients presented with composite post-traumatic tissue defects in the foot. All were male, with age ranging from 25 to 76 years. The defects ranged from 25 cm(2) to 225 cm(2). Free muscle transfer was successful in nine patients. Even though four required secondary flap contouring, all patients had normal weight-bearing ambulation and returned to their normal activities at 1-year follow-up.

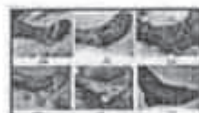
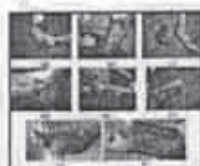
CONCLUSION: Free muscle flaps merit consideration as primary reconstructive option for post-traumatic composite tissue defects of foot.

KEYWORDS: Foot; Free tissue flap; Reconstructive surgical procedures; Soft tissue injuries

PMID: 27257323 PMCID: [PMC4878945](#) DOI: [10.1016/j.mjafi.2016.02.004](#)

[Free PMC Article](#)

Images from this publication. [See all images \(4\)](#) [Free text](#)



MEDICAL EXPENSES

Singapore General Hospital		
Date	Amount	
04.04.16	14,946.97	
05.05.16	34.20	
05.05.16	56.00	
05.05.16	152.85	
05.05.16	81.80	
07.05.16	25.80	
11.05.16	81.80	
11.05.16	14.55	
13.05.16	25.80	
16.05.16	25.80	
18.05.16	14.55	
18.05.16	81.80	
19.05.16	116.00	
20.05.16	25.80	
23.05.16	25.80	
23.05.16	50.61	
26.05.16	25.80	
30.05.16	25.80	
01.06.16	81.80	
03.06.16	25.80	
06.06.16	25.80	
09.06.16	25.80	
13.06.16	34.20	
16.06.16	56.00	
13.06.16	81.80	
16.06.16	25.80	
20.06.16	25.80	
23.06.16	25.80	
27.06.16	25.80	
27.06.16	30.55	
30.06.16	25.80	
04.07.16	81.80	
07.07.16	25.80	
11.07.16	34.20	
11.07.16	56.00	
11.07.16	25.80	
14.07.16	62.90	
18.07.16	25.80	
26.07.16	25.80	
26.07.16	46.10	
28.07.16	111.20	

01.08.16		25.80	
08.08.16		25.80	
11.08.16		52.50	
15.08.16		25.80	
23.08.16		25.80	
23.08.16		7.10	
26.08.16		19.65	
29.08.16		56.00	
29.08.16		73.05	
17.10.16		56.00	
12.12.16		56.00	
06.03.17		56.00	
28.06.17		59.00	
25.08.17		59.00	
25.08.17		1.55	
30.08.17		59.00	
15.09.17		59.00	
15.09.17		23.60	
22.09.17		127.33	
29.09.17		59.00	
29.09.17		2.00	
07.10.17		37.75	
20.10.17		38.25	
27.10.17		59.00	
27.10.17		24.80	
04.11.17		40.25	
10.11.17		59.00	
10.11.17		37.70	
23.11.17		37.75	
02.12.17		37.75	
14.12.17		41.90	
08.01.18		59.00	
30.04.18		59.00	
12.12.18		204.15	
07.01.19		214.64	18,677.80
Receipt Others			
03.05.16	140.00		
03.06.16	90.00		230.00
		Total	18,907.80



GST REG NO. : M90368910N

TAX INVOICE

Final Bill

20.05.2016 08:05 / SGHBTCHID

ALEXANDER NATARAJAN
23 HOUGANG AVENUE 3
#07-287
SINGAPORE 530023

EXTERNAL ID/NRIC : S7768438G
CASE NUMBER : 6716326731Z
CUSTOMER NUMBER : 3026181236
ADMISSION DATE : 04.04.2016 12:54
DISCHARGE DATE : 03.05.2016 13:02
LOCATION : GPLS W63A
W63A24 W63A2402
BILLING DATE : 15.05.2016

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S\$)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S\$)
WARD (CLASS C) (24.0 day(s))	5,520.00	2,280.00
WARD - HD (CLASS C) (5.0 day(s))	2,800.00	710.00
DAILY TREATMENT FEE (CLASS C) (24.0 day(s))	2,544.00	1,176.00
DAILY TREATMENT FEE (CLASS C) (5.0 day(s))	690.00	320.00
LABORATORY INVESTIGATIONS	1,067.80	480.45
X-RAY INVESTIGATIONS	851.70	383.26
SPECIALISED INVESTIGATIONS	564.00	253.79
CONSUMABLES - OT	1,438.71	668.72
REHABILITATIVE SERVICES	517.80	388.34
IMPLANTS	10.00	7.50
DRUGS / PRESCRIPTIONS / INJECTIONS	341.59	277.92
WARD PROCEDURES	1,541.00	893.32
CONSUMABLES	3,703.12	2,474.83
OTHER PROCEDURES	95.80	71.84
SURGICAL OPERATION	19,557.00	4,446.00
TOTAL CHARGES	41,242.52	
GOVERNMENT GRANT	26,410.55-	
AMOUNT PAYABLE BEFORE TAX		14,831.97
ADD : 7% GST		1,038.24
AMOUNT PAYABLE AFTER TAX		15,870.21
LESS : GST ABSORBED BY THE GOVERNMENT		1,038.24-
A&E ATTENDANCE FEE		115.00
NET AMOUNT PAYABLE		14,946.97
PAYMENTS		
MEDISHIELD LIFE		4,651.83-
MEDISAVE		10,295.14-
ALEXANDER NATARAJAN		0.00
TOTAL DUE AFTER PAYMENTS		
AMOUNT DUE : MEDISHIELD LIFE		0.00
AMOUNT DUE : MEDISAVE		0.00
AMOUNT DUE : ALEXANDER NATARAJAN		0.00

PAYMENT - Please pay immediately on receipt of the bill. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911522. Payment can be made by Internet at <https://ePay.singhealth.com.sg/egh> or vBOX at www.vbox.com.sg, AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, NETS Kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.

VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mySP online services with your SingPass at <http://www.sgf.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.sgf.gov.sg>

REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life in the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through Internet at <http://www.sgf.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. M



GST REG NO.: M90368910N

TAX INVOICE

Final Bill

20.05.2016 08:05 / SGHBTCHID

ALEXANDER NATARAJAN
23 HOUGANG AVENUE 3
#07-287
SINGAPORE 530023

EXTERNAL ID/NRIC : S7768438G
CASE NUMBER : 6716326731Z
CUSTOMER NUMBER : 3026181236
ADMISSION DATE : 04.04.2016 12:54
DISCHARGE DATE : 03.05.2016 13:02
LOCATION : GPLS W63A
: W63A24 W63A2402
BILLING DATE : 15.05.2016

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S\$)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S\$)
FOR INFORMATION		
MEDISAVE A/C HOLDER	CPF No	APPROVED AMOUNT
ALEXANDER NATARAJAN	S7768438G	10,295.14
PATIENT IS COVERED UNDER MEDISHIELD LIFE		
PAYER'S MEDISAVE ACCOUNT HAS INSUFFICIENT BALANCE		
FOR BILLING MATTERS, PLEASE CONTACT HO FOONG YEE AT 63213760 FOR PAYMENT AND REFUND, PLEASE CALL 63213725		
A&E CHARGES FROM CASE 6716905133E IS INCLUDED IN THIS BILL.		
TYPE OF SUPPLY: CASH/CREDIT		

***PAYMENT** - Please pay immediately on receipt of the bill. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 611532. Payment can be made by internet at <https://ePay.singhealth.com.sg/gh> or vBOX at www.vbox.com.sg. AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, NETS Kiosks, Cheers and F&N Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.
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. M



TAX INVOICE

GST REG NO : M90368910N

QAMKJA / FB / 05.05.2016 1341 hrs / Page 1 of 1

ORIGINAL

ALEXANDER NATARAJAN

23 HOUGANG AVENUE 3

#07-287

SINGAPORE 530023

Patient : ALEXANDER NATARAJAN

Tax Invoice Number: 6816168376F0002
Bill Ref Number : 6816168376F-0002-01
Tax Invoice Date : 05.05.2016 1341 hrs
Patient NRIC/HRN : S7768438G
Visit Date : 05.05.2016 1339 hrs
Visit / Bill Location : GXDDR / GXDDRAICO / OTO
Payment Class : PR-SUBSIDISED
Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SERVICES			
15003009	<u>X-RAY INVESTIGATIONS</u> Foot X-ray, Left, DP and Oblique	Subtotal 1	45.60 45.60
	Subtotal Charges (before Government Subsidy)		45.60
	Less: Government Subsidy		-11.40
	Subtotal Charges (after Government Subsidy)		34.20
	Total Charges Payable		34.20
AMOUNT PAYABLE BEFORE TAX			
ADD : 7% GST			34.20
AMOUNT PAYABLE AFTER TAX			2.39
LESS : GST ABSORBED BY THE GOVERNMENT			36.69
NET AMOUNT PAYABLE			-2.39
ALEXANDER NATARAJAN			34.20
PAYMENT			34.20
ALEXANDER NATARAJAN			
	05.05.2016	NETS	34.20
AMOUNT DUE FROM			34.20
ALEXANDER NATARAJAN			0.00

** You are served by KANAN JAYANTI **

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. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by internet at <https://ePay.singhealth.com.sg/sgb> or vBOX at www.vbox.com.sg, AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, INETS Kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Missions Office or at the A&E registration counters.

TAX INVOICE

GST REG NO : M90388910N

ORIGINAL

GSOSRA / FB / 05.05.2016 1725 hrs / Page 1 of 1

ALEXANDER NATARAJAN

23 HOUGANG AVENUE 3
#07-287

SINGAPORE 530023

Patient : ALEXANDER NATARAJAN

Tax Invoice Number: 6816168376F0001

Bill Ref Number : 6816168376F-0001-01

Tax Invoice Date : 05.05.2016 1725 hrs

Patient NRIC/HRN : S7768438G

Visit Date : 05.05.2016 1620 hrs

Visit / Bill Location : GCLH / GMBSOC / OTO

Payment Class : PR-SUBSIDISED

Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SERVICES			
	<u>PROFESSIONAL FEES - DOCTOR</u>	Subtotal	92.00
76001452	CONSULT - INITIAL VISIT	1	92.00
	Subtotal Charges (before Government Subsidy)		92.00
	Less: Government Subsidy		-36.00
	Subtotal Charges (after Government Subsidy)		56.00
	Total Charges Payable		56.00
AMOUNT PAYABLE BEFORE TAX			56.00
ADD : 7% GST			3.92
AMOUNT PAYABLE AFTER TAX			59.92
LESS : GST ABSORBED BY THE GOVERNMENT			-3.92
NET AMOUNT PAYABLE			56.00
ALEXANDER NATARAJAN			56.00
PAYMENT			
ALEXANDER NATARAJAN	05.05.2016	NETS	56.00
AMOUNT DUE FROM			
ALEXANDER NATARAJAN			0.00
First Consultation - with referral			
*** You are served by SANTHA RAJA ***			

"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. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by Internet at <https://ePay.singhealth.com.sg/agh> or vBOX at www.vbox.com.sg, AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, INETS Kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.



MR. ALEXANDER NATARAJAN
BLK 23, #07-287 HOUGANG
AVENUE 3,
Singapore 530023

Tax Invoice Number: RH9070568-01
Tax Invoice Date: 05.05.2018 1617 hrs
Patient NRBC/HRN: S77684380
Location: BK4L1 Cashier 4
Payment Class: PR-SUBSIDISED CLASS
Cashier ID: GPAHSC

Patient: MR. ALEXANDER NATARAJAN

DATE	ITEM DESCRIPTION	QUANTITY	FULL AMOUNT (\$)	AMOUNT PAYABLE (\$)
05.05.2018	<u>PRESCRIBED ITEMS(S) SGH-16-8181932</u>			
	CNT 403710 AQUACEL AG 15X15CM 1S	5 PC	152.85	152.85
	TOTAL CHARGES		152.85	
	AMOUNT PAYABLE			152.85
	AMOUNT PAYABLE BEFORE TAX			152.85
	ADD GST			10.70
	AMOUNT PAYABLE AFTER TAX			163.55
	# LESS: GST GRANT			10.70
	NET AMOUNT PAYABLE			152.85
	PAYMENT VISA			152.85
	GOODS SOLD ARE NON-RETURNABLE & NON-EXCHANGEABLE			
	# Applicable to Prescribed Items Goods sold are non-returnable & non-exchangeable			

Outpatient services are on cash terms only. Please pay immediately on receipt of the bill. Medisave cannot be used for outpatient bills except for Chemotherapy, Dialysis, IVF and Day Surgery. Application of Medisave funds for payment of hospital bill must be made immediately. You may pay at SGH Business Office, Blk 4 Level 1 from 8:30am to 5:30pm (Mon to Fri) and 8:30am to 12:30pm (Sat) or at SGH Admissions Office, Blk 5 Level 1 from 8am to 7pm (Mon to Fri) and 8am to 5pm (Sat, Sun & Public Holiday). Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please quote the Case Number, Payer Name and Contact No. behind the cheque. Payment can also be made at any AXS station, SAM station, Singapore Post branches, 7-Eleven stores or vPost at www.vPOST.com.sg. Cheque payments at Singapore Post branches should be crossed and made payable to Singapore Post Limited. *Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield OR the Medisave-approved Integrated Plan. To make payment to Medisave and MediShield, please send a cheque to CPF Board or pay over the internet (more information at www.cpf.gov.sg). To make payment to the Medisave-approved Integrated Plan, please send a cheque directly to the private insurer operating the Medisave-approved Integrated Plan. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the back of the cheque. Payment is to be credited to Medisave and MediShield OR the Medisave-approved Integrated plan. Singapore General Hospital, Outram Road, Singapore 169608, Tel: 6222 3322 Fax: 6321 3914 <http://www.sgh.com.sg> Reg No 198703907 Z

KEN-0

KENO ASSESSORS AND SERVICES

M/S: Alexander Natarajan
Blk 23 Hougang Avenue 3
#07-287 Singapore 530023

Invoice No : INV16/06-07

Our Ref. : KN/FBE8920/16045

Date : 21 June 2016

DESCRIPTION	AMOUNT
Inspection report fees inclusive of transport and photographs Eighteen (18) copies	\$ 288.00
Singapore Dollars : Two Hundred and Eighty-Eight only	\$ 288.00

Yours faithfully
Keno Assessors and Services



Phee Wee Keong
Licensed Appraiser

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S: Alexander Natarajan
Blk 23 Hougang Avenue 3
#07-287 Singapore 530023

Date : 21 June 2016
Our Ref. : KN/FBE8920/16045

REFERENCE PARTICULARS

Date of Accident : 4 April 2016
Date of Inspection : 25 May 2016

Your Ref. No. : -
Type of Inspection : Third Party Claim

VEHICLE PARTICULARS

Reg. No. : FBE 8920 S
Make : Honda
Model : Wave 125X A
Year : 2010

Chassis No. : NF125ST0028646
Engine No. : NF125STE0028646
Odometer : 70965 km
Colour : Red

PRE-ACCIDENT CONDITION (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Front brake : Affected
Rear brake : Serviceable

General Body Work : Body frame affected
Steering : Affected
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

Location	Make	Size	Thread Balance
Front	Dunlop	70/90-17	5 mm
Rear	Dunlop	80/90-17	5 mm

GENERAL DESCRIPTION OF DAMAGES

The motorcycle sustained damage at the left side portion.

Headlamp cowling, front cowling, handle bar, view mirror, front fender, front fork assy, front rim, front signal lamp, front stepbar, side shield, gear pedal, engine cover, rear footrest, rear side cover, front exhaust pipe, etc damaged.

For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Repair cost to the vehicle is assessed as \$ 2,600.00 (Lump Sum)

Inspection conducted at : MCS Auto

Enclosed Eighteen (18) photographs depicting damage to the vehicle.

Estimated time required for repairs : Four (04) days.

In accordance to your instruction, we have not authorized repair and.

The inspection was conducted strictly on a "WITHOUT PREJUDICE BASIS".

KEN-O

Vehicle No. FBE 8920 S

Model: Honda Wave 125X A

Qty	Description	Condition	Repairer's Estimate	Our Assessment
1 pc	Handle bar	Bent	125.00	125.00 /
1 pc	Handle bar bracket	Bent	65.00	X 65.00 NN
1 set	Handle grip	Grazed	40.00	40.00 /
1 pc	View mirror LH	Grazed	60.00	60.00 /
1 pc	Headlamp front cover	Grazed	85.00	85.00 /
1 pc	Headlamp rear cover	Cracked	78.00	X 78.00 NN
1 pc	Front signal lamp LH	Grazed	55.00	55.00 /
1 pc	Front cowling	Grazed	90.00	90.00 /
1 pc	Front cowling stay	Bent	58.00	X 58.00 NN
2 pcs	Front fork assy L/R @ \$290.00	Repair	580.00	-
1 pc	Front basket	Bent	45.00	X 45.00 NN
1 pc	Front panel	Grazed	55.00	X 55.00 NN
2 pcs	Side shield cover L/R @ \$98.00	Grazed/ Cracked	196.00	196.00 /
2 pcs	Front inner cowling L/R @ \$75.00	Cracked	150.00	X 150.00 NN
1 pc	Front fender	Grazed	75.00	75.00 /
1 pc	Front rim	Repair	380.00	-
1 pc	Front stepbar	Bent	68.00	68.00 /
2 pcs	Front stepbar footrest L/R @ \$15.00	Grazed	30.00	30.00 /
1 pc	Engine cover LH	Grazed	115.00	115.00 /
1 pc	Engine cover RH	Cracked	85.00	NN 85.00 X
1 pc	Gear pedal	Bent	55.00	55.00 /
2 pcs	Rear footrest L/R @ \$40.00	Grazed	80.00	NN 80.00 40
2 pcs	Rear footrest bracket L/R @ \$75.00	Grazed	150.00	NN 150.00 X
1 pc	Front exhaust pipe	Bent	310.00	310.00 /
1 pc	Rear side cover LH	Grazed	210.00	210.00 /
			3240.00	2280.00 1534
Less 10%			324.00	228.00
			2916.00	2052.00 1398.6

Special Nett Item

1 pc	Steering cone	Necessary	38.00	38.00 /
1 pc	Rear box and bracket	Missing	280.00	NN 280.00 X
1 pc	Rear number plate	Bent	15.00	NN 15.00 X
1 pc	Battery	Affected	80.00	NN 80.00 X
1 set	Decal set	Necessary	60.00	60.00 /
2 bots	Fork oil @ \$12.00	Necessary	24.00	24.00 /
2 pcs	Fork oil seal @ \$20.00	Necessary	40.00	40.00 /
Parts Total :			3453.00	2589.00 162

KEN-O

Vehicle No. FBE 8920 S
Model: Honda Wave 125X A

Labour charges

1]	Towing service charge	50.00	50.00	40
2]	Body frame alignment	300.00	250.00	x NN
3]	Front rim balancing (Above part repair)	~	60.00	40
4]	Front fork alignment (Above part repair)	~	80.00	60
5]	Remove, replace, repair & realign all affected parts & lighting check.	300.00	250.00	150
Labour Total :		650.00	690.00	290
Total Parts & Labour :		4103.00	3279.00	

FINAL LUMP SUM ADJUSTMENT

5243 1850.6
2%: 1450
\$ 2,600.00

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair at our recommended amount of \$ 2,600.00 Lump Sum, corresponding to supply of parts, spraypainting & labour charges. We now revert for your decision on the above claim.

Yours faithfully
Keno Assessors and Services



Phee Wee Keong
Licensed Appraiser



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
INDIA INTERNATIONAL INSURANCE PL			Ref : CS3/III16009739/Gtd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date : 05-04-2019	
			Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 2002G	Veh. Inspected	FBE 8920S	
Policy No.	MCOM0016	Coverage (\$)	0.00	
Claim No.	MCT16040139	Excess (\$)	0.00	
Assign From	STANLEY LAI	Assign Date	19/03/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA WAVE	c.c	125	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	NF125ST0028646	Colour	RED	
Odometer	70965	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	70/90-17	DUNLOP	3 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/90-17	DUNLOP	3 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/04/2016	Inspection Date	27/05/2016	
Survey held at	MCS AUTO NO. 1100 SERANGOON ROAD SINGAPORE 328195			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBE 8920S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	HANDLE BAR	BENT	125.00	125.00
1	HANDLE BAR BRACKET	NOT NECESSARY	65.00	-
1	SET HANDLE GRIP	GRAZED	40.00	40.00
1	VIEW MIRROR LH	GRAZED	60.00	60.00
1	HEADLAMP FRONT COVER	GRAZED	85.00	85.00
1	HEADLAMP REAR COVER	NOT NECESSARY	78.00	-
1	FRONT SIGNAL LAMP LH	GRAZED	55.00	55.00
1	FRONT COWLING	GRAZED	90.00	90.00
1	FRONT COWLING STAY	NOT NECESSARY	58.00	-
2	FRONT FORK ASSY L/R @\$290.00	TO REPAIR SEE LABOUR	580.00	-
1	FRONT BASKET	NOT NECESSARY	45.00	-
1	FRONT PANEL	NOT NECESSARY	55.00	-
2	SIDE SHIELD COVER L/R @\$98.00	GRAZED / CRACKED	196.00	196.00
2	FRONT INNER COWLING L/R @\$75.00	NOT NECESSARY	150.00	-
1	FRONT FENDER	GRAZED	75.00	75.00
1	FRONT RIM	TO REPAIR SEE LABOUR	380.00	-
1	FRONT STEPBAR	BENT	68.00	68.00
2	FRONT STEPBAR FOOTREST L/R @\$15.00	GRAZED	30.00	30.00
1	ENGINE COVER LH	GRAZED	115.00	115.00
1	ENGINE COVER RH	NOT NECESSARY	85.00	-
1	GEAR PEDAL	BENT	55.00	55.00
2	REAR FOOTREST L/R @\$40.00	O/S CUT / N/S NOT NECESSARY	80.00	40.00
2	REAR FOOTREST BRACKET L/R @\$75.00	NOT NECESSARY	150.00	-
1	FRONT EXHAUST PIPE	BENT	310.00	310.00
1	REAR SIDE COVER LH	GRAZED	210.00	210.00
	LESS 10% DISCOUNT		-324.00	-155.40
			2,916.00	1,398.60

Report Ref No. CS3/III16009739/Gtd3e2-1

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>SPECIAL NETT ITEMS</u>			
1	STEERING CONE (SN)	NECESSARY	38.00	38.00
1	REAR BOX AND BRACKET (SN)	NOT NECESSARY	280.00	-
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	15.00	-
1	BATTERY (SN)	NOT NECESSARY	80.00	-
1	SET DECAL (SN)	NECESSARY	60.00	60.00
2	BOTS FORK OIL @\$12.00 (SN)	NECESSARY	24.00	24.00
2	FORK OIL SEAL @\$20.00 (SN)	NECESSARY	40.00	40.00
			537.00	162.00
	<u>LABOUR</u>			
	TOWING SERVICES CHARGE.		50.00	40.00
	BODY FRAME ALIGNMENT.	NOT NECESSARY	300.00	-
	FRONT RIM BALANCING (ABOVE PART REPAIR).		60.00	40.00
	FRONT FORK ALIGNMENT (ABOVE PART REPAIR).		80.00	60.00
	REMOVE, REPLACE, REPAIR & REALIGN ALL AFFECTED PARTS & LIGHTING CHECK. INCLUSIVE OF THE REPAIR OF FRONT FORK ASSY L/R AND FRONT RIM.		300.00	150.00
			790.00	290.00
	GRAND TOTAL		4,243.00	1,850.60
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,450.00

Report Ref No. CS3/III16009739/Gtd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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