



聯成汽車維修

SUCCESS UNITED PTE LTD

2 Kaki Bukit Ave 2, #01-33 / #02-29 Kaki Bukit AutoHub Singapore 417921

Tel: 6746 1515 / 6747 1787 Fax: 6748 5015

www.successunited.com.sg Co. / GST Reg: 200402570G

Your Ref: SML 4356E

3rd March 2020

M/s. **AIG Asia Pacific Insurance Pte Ltd**
AIG Building
78 Shenton Way, #07-16
Singapore 079120

Attn: Motor Claims

Dear Sir

Re: Acc Invlg SMD 8992J & SML 4356E, GBC 5371G on 28.11.19

We refer to the above accident which was caused due to the negligence of your insured driver of Veh No. SML 4356E, GBC 5371G

We are claiming for the following costs and losses incurred:

1)	Cost of Repairs (Inc. 7% GST)	\$ 3,317.00
2)	GIA Search Fee	\$ 2.00
3)	Loss of Use (\$80 x 6 days)	\$ 480.00
	<u>Medical Fees - Passenger*</u>	
a)	Sapiyah Bte Pungot (3 days MC)	\$ 128.00
b)	Iffah Afrina Bte Muhs Zamri (2 days MC)	\$ 120.00
c)	Izzah Elyana Bte Muhd Zamri (2 days MC)	\$ 120.00
d)	Airis Arissa Bte Muhd Fahmi (2 days MC)	\$ 120.00
	Total:	\$ 4,287.00

Enclosed herein the following documents for your perusal.

- 1) Tax Invoice No : S2002028
- 2) GIA Search Fee
- 3) Letter of Authorization
- 4) Medical bills

We appreciate your prompt attention and response.

Yours faithfully

Email: sirina@successunited.com.sg

LETTER OF AUTHORISATION

To: **Success United Pte Ltd**
Singapore

RE: **ACCIDENT INVOLVING VEHICLE NOS: SMD 8992J & SML 4356E, GBC 5371G**
ALONG PIE Near Lamp Post 672 ON 28.11.2019

I, **Muhammad Fahmi Bin Mohd Zakaria** NRIC No: **S8804297B**
of **Apt Blk 293D Bukit Batok Street 21 #29-536 Singapore 654293**
the owner of vehicle no. **SMD 8992J** hereby authorise you to commence repair to the said
vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request:

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident claim and all and any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My insurer is **Aviva Ltd**
Policy No. **10940316**

Expiry Date : **11.10.2020**

Date



Owner's Signature/Co's stamp
Muhammad Fahmi Bin Mohd Zakaria
NRIC No : **S8804297B**

Excess : **N/A**



Witness Signature/Name



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AIG Asia Pacific Insurance Pte Ltd
AIG Building
78 Shenton Way, #07-16
Singapore 079120
Attention : Motor Claim Department
Contact : 64191053 Fax No. : 68357416

Tax Invoice : S2002028

Date : 21/02/2020
Vehicle Num. : SMD8992J
Make/Model : Honda Accord-2008
Chassis/Eng# : CL73304640/K20A6055335
Accident Date : 28/11/2019
Claim No. :
Reference :
Policy No. :

Amount S\$

To provide materials, labour and respray
painting.

Lump Sum

3,100.00

SUCCESS UNITED PTE LTD

Total S\$: 3,100.00
GST @ 7% S\$: 217.00
Amount Due S\$: 3,317.00
=====



TAX INVOICE

TO
MOM SAPIYAH BT PUNGOT
BLK 56 #04-11
LORONG 4 TOA PAYOH
TOA PAYOH VISTA
SINGAPORE - 310056

MRN/NRIC S19A2833E
CASE NO 1219845245G 00071
VISIT DATE 28.11.2019 13.10
LOCATION TCMD
INVOICE DATE 28.11.2019
TYPE OF SUPPLY CASH/CREDIT
GST REG NO M2-0094564-6

PATIENT NAME : SAPIYAH BT PUNGOT

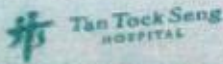
PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT (\$)
ED Service Facility	258.00
Blood Capillary Glucose	6.38
Urine Combust 9	6.38
ECG (12 Lead)	10.66
XR, Chest, PA/AP	36.92
Prescription	1.40
Total Charges	317.74
Government Subsidy	189.74-
Total Amount Payable	128.00
PAYMENT:	
SAPIYAH BT PUNGOT (NETS - 28.11.2019 , RECEIPT #: T012889169)	128.00
TOTAL DUE AFTER PAYMENT	0.00
DUE FROM:	
SAPIYAH BT PUNGOT	0.00

FOR INFORMATION

Total amount payable after GST is \$136.96.
Total GST for this bill at 7% is \$8.96 which is absorbed by the Government.

Hospital will send you a bill if there is a billable item.
Medical investigation / Medication performed.



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 4011

MEDICAL CERTIFICATE

ORIGINAL

TTSH19275984

NAME: SAPIYAH BT PUNQOT

NRIC: S1042833E

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 3 day(s) from 28-Nov-2019 to 30-Nov-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 28-Nov-2019 13:10 to 28-Nov-2019 18:01

28-Nov-2019
Date

PHYO THUTA (60539E)
Issued by

Emergency Department
Location

Signature



A member of National Healthcare Group
Leading track of healthy life

IFFAH AFRINA BINTE MUHAMMAD ZAMRI
535 HOUGANG STREET 52
#04-12
SINGAPORE 530635

External ID/NRIC : T0521828J
Case number : 7619457631J
Customer number : 3028840358
Visit date : 28.11.2019 Time: 10:00
Location :
Billing date : 28.11.2019

Patient Name : IFFAH AFRINA BINTE MUHAMMAD, Z

DESCRIPTION	BEFORE GRANT	AMOUNT PAYABLE
A&E ATTENDANCE FEE	240.00	120.00
Total charges	240.00	
Government grant	(120.00)	
Amount payable before GST		120.00
Add 7% GST		8.40
LESS GST ABSORBED BY THE GOVERNMENT		(8.40)
Total amount payable		120.00
Payment IFFAH AFRINA BINTE MUHAMMAD		(120.00)

Important Note:

Patient who receives treatment at Children's Emergency (CE) will be charged an A & E Attendance Fee. Additional charges apply if the patient requires non-standard services and/or medications. Should a patient require admission, the Attendance Fee and any other charges, together with payment made will be transferred to the hospitalization bill to facilitate claims from Medisave, subject to the withdrawal limits set by MOH. If the total hospitalization bill is fully claimable from Medisave and/or insurance, the payment made at CE will be refunded within 21 working days upon finalization of the hospitalization bill. Parents or guardians who are claiming the CE charges from the Civil Services Benefits Scheme (CSB), Health Promotion Board (HPB) or Public Utilities (PUB), please note that the amount will not be transferred to the hospitalization bill. (For donations, please tear along this line and enclose the cheque payment)



Because every woman and child deserve good health.

The KKH Health Fund (part of SingHealth Fund) is a registered charity that supports needy patients, research and education at KK Women's and Children's Hospital Pte Ltd. As an Academic Medical Centre, SingHealth advances medical research and education through its Obstetrics & Gynaecology and Paediatrics Academic Clinical Programmes. We welcome you to join in our cause in protecting and advancing the health of women and children.

I, _____ (name) _____ (contact#) would like to make a one-time contribution of _____ (\$ amount) to KKH Health Fund for ☐ Needy Patients / ☐ OB/GYN Academic Clinical Programme / ☐ PAEDS Academic Clinical Programme. *If no selection is indicated, donation will be made towards Needy Patients.

I, _____ (name) _____ (contact#) would like to make a monthly donation. Please contact me to make arrangement.

Please issue a cheque in favour of "SHF-KKH Fund" and mail it to: KKH Health Fund c/o KK Women's and Children's Hospital, 100 Bukit Timah Road, S(229899).


Thank you for your contribution. Donations are entitled to tax exemption. Please provide your name, mailing address, IC and contact number at the back of your cheque. A tax exempt receipt will be issued for donations of S\$50 and above. For more information, please visit www.kkh.com.sg or email development@kkh.com.sg

Case Number: 7619457631J

ORIGINAL

MEDICAL CERTIFICATE

EM2019354406

Name IFFAH AFRINA BINTE MUHAMMAD, ZAMRI		NRIC No. Y0621828J
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>28-Nov-2019</u> to <u>29-Nov-2019</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on _____
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Operated on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	
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 KK Women's and Children's Hospital Pte. Ltd.	Date 28-Nov-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR I  MAY ATIENZA SALAZAR, 19985F



Children's Hospital TAX INVOICE

SingHealth

GST REG NO: M90368910N

28.11.2019 11:03:38 KFINMBM

IZZAH ELYANA BINTE MUHAMMAD ZAMRI
535 HOUGANG STREET 52
#04-12
Singapore 530655

External ID/NRIC : T0724527G
Case number : 76194576308
Customer number : 3028940872
Visit date : 28.11.2019 Time: 10:53
Location :
Billing date : 28.11.2019

Patient Name : IZZAH ELYANA BINTE MUHAMMAD, Z

DESCRIPTION	BEFORE GRANT	AMOUNT PAYABLE
A&E ATTENDANCE FEE	240.00	120.00
Total charges	240.00	
Government grant	(120.00)	
Amount payable before GST		120.00
Add 7% GST		8.40
LESS GST ABSORBED BY THE GOVERNMENT		(8.40)
Total amount payable		120.00
Payment IZZAH ELYANA BINTE MUHAMMAD		(120.00)

Important Note:

Patient who receives treatment at Children's Emergency (CE) will be charged an A & E Attendance Fee. Additional charges apply if the patient requires non-standard services and/or medications.

Should a patient require admission, the Attendance Fee and any other charges together with payment made will be transferred to the hospitalization bill to facilitate claims from Medisave, subject to the withdrawal limits set by MOH.

If the total hospitalization bill is fully claimable from Medisave and/or insurance, the payment made at CE will be refunded within 21 working days upon finalization of the hospitalization bill.

Parents or guardians who are claiming the CE charges from the Civil Services Benefits Scheme (CSB), Health Promotion Board (HPB) or Public Utilities (PUB), please note that the amount will not be transferred to the hospitalization bill.

(For donations, please tear along this line and enclose the cheque payable)



Because every woman and child deserve good health.

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I, _____ (name) _____ (contact#) would like to make a one-time contribution of _____ (\$ amount) to KKH Health Fund for ☐ Needy Patients / ☐ OBGYN Academic Clinical Programme / ☐ PAEDS Academic Clinical Programme. *If no selection is indicated, donation will be made towards Needy Patients.

I, _____ (name) _____ (contact#) would like to make a monthly donation. Please contact me to make arrangement.

Please issue a cheque in favour of "SHF-KKH Fund" and mail it to: KKH Health Fund c/o KK Women's and Children's Hospital, 100 Bukit Timah Road, S(229899).

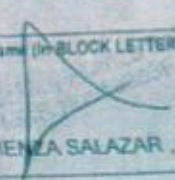
Thank you for your contribution. Donations are entitled to tax exemption. Please provide your name, mailing address, IC and contact number at the back of your cheque. A tax exempt receipt will be issued for donations of \$50 and above. For more information, please visit www.kkh.com.sg or email development@kkh.com.sg

Case Number: 76194576308

ORIGINAL

MEDICAL CERTIFICATE

EM2019354402

Name IZZAH ELYANA BINTE MUHAMMAD ZAMRI		NRIC No. T0724527G	
This is to certify that the above named is unfit for duty for a period of <u>2</u> days from <u>26-Nov-2019</u> to <u>29-Nov-2019</u>			
Type of medical leave granted: <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sterilization Leave		Delivered on: _____ Operated on: _____	
Admitted on: _____ Discharged on: _____			
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>NA</u> to <u>NA</u>			
Comments: The above named patient attended my clinic at <u>NA</u> and left at <u>NA</u> No medical leave is necessary.			
Hospital KK Women's and Children's Hospital Pte. Ltd.	Date 28-Nov-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  MAY ATIENZA SALAZAR, 19965F	



GST REG NO. : M90358910N

28.11.2019 10:58 KEINMBM

AIRIS ARISSA BINTE MUHAMMAD FAHMI
293D BUKIT BATOK STREET 21
#29-536
Singapore 654293

External ID/NRIC : T1624483F
Case number : 7619457628J
Customer number : 3026265232
Visit date : 28.11.2019 Time: 10:44
Location :
Billing date : 28.11.2019

Patient Name : AIRIS ARISSA BINTE MUHAMMAD, F

DESCRIPTION	BEFORE GRANT	AMOUNT PAYABLE
A&E ATTENDANCE FEE	240.00	120.00
Total charges	240.00	
Government grant	(120.00)	
Amount payable before GST		120.00
Add 7% GST		8.40
LESS GST ABSORBED BY THE GOVERNMENT		18.40
Total amount payable		120.00
Payment		0.00
NATIONAL PARKS BOARD		0.00
AIRIS ARISSA BINTE MUHAMMAD		

Important Note:

Patient who receives treatment at Children's Emergency (CE) will be charged an A & E Attendance Fee. Additional charges apply if the patient requires non-standard services and/or medications. Should a patient require admission, the Attendance Fee and any other charges, together with payment made will be transferred to the hospitalization bill to facilitate claims from Medisave, subject to the withdrawal limits set by MOH. If the total hospitalization bill is fully claimable from Medisave and/or insurance, the payment made at CE will be refunded within 21 working days upon finalization of the hospitalization bill. Parents or guardians who are claiming the CE charges from the Civil Services Benefits Scheme (CSB), Health Promotion Board (HPB) or Public Utilities (PUB), please note that the amount will **not be transferred** to the hospitalization bill. (for donations, please tear along this line and enclose the cheque payment)



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I (name) (contact#) would like to make a one time contribution of (amount) to KKH Health Fund for ☐ Needy Patients / ☐ OBGYN Academic Clinical Programme/ ☐ PAEDS Academic Clinical Programme. *If no selection is indicated, donation will be made towards Needy Patients.

I (name) (contact#) would like to make a monthly donation. Please contact me to make arrangement.

Please issue a cheque in favour of "SHF-KKH Fund" and mail it to: KKH Health Fund c/o KK Women's and Children's Hospital, 100 B Timah Road, S(229899).

Thank you for your contribution. Donations are entitled to tax exemption. Please provide your name, mailing address, IC and contact number at the back of your cheque. A tax exempt receipt will be issued for donations of S\$50 and above. For more information, please visit www.kkh.com.sg or email development@kkh.com.sg

Case Number: 7619457628J

ORIGINAL

MEDICAL CERTIFICATE

EM2019354401

Name AIRIS ARISSA BINTE MUHAMMAD, FAHMI		NRIC No. T1624483F
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>28-Nov-2019</u> to <u>29-Nov-2019</u>		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on: _____
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Operated on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>NA</u> to <u>NA</u>		
Comments: The above-named patient attended my clinic at <u>NA</u> and left at <u>NA</u> . No medical leave is necessary.		
Hospital KK Women's and Children's Hospital Pte. Ltd.	Date 28-Nov-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  MAY ATIENZA SALAZAR, 19965F

Third Party Insurer Enquiry

Our Ref No: GR-19-196482

Date of Request: 28/11/2019

Your Ref No: Online Purchase

Success United Pte Ltd
2 Kaki Bukit Ave 2 #01-33
Kaki Bukit AutoHub
Singapore 417921

Dear Sir/Madam,

Enquiry Date: 28/11/2019
Enquiry By: Teo Wee Keong
TP Vehicle No.: SML4356E
Accident Date: 28/11/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SML4356E	AIG Asia Pacific Insurance Pte. Ltd.	17/05/2019-16/05/2021	65-6419-3000
SML4356E	AIG Asia Pacific Insurance Pte. Ltd.	21/05/2019-20/05/2021	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.

TAX INVOICE

Our Ref No: GR-19-196482
Date of Request: 28/11/2019

Your Ref No: Online Purchase

Success United Pte Ltd
2 Kaki Bukit Ave 2 #01-33
Kaki Bukit AutoHub
Singapore 417921

Dear Sir/Madam,

Enquiry Date 28/11/2019
Enquiry By Teo Wee Keong
TP Vehicle No. SML4356E
Accident Date 28/11/2019

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:

☒ GIRO ☐ Cash ☐ Cheque