# SEBASTIAN LI JUN NAN, Patient ID: S8946498F DOB: 11-Dec-1989 Date: 05-Aug-2019

Exam No: 10000313315

REPORT STATUS : APPROVED

MRI, Wrist, Right of 05-AUG-2019:

Multiplanar multisequence MRI of the wrist was performed using department protocol. Previous radiographs dated 4 June 2019 were reviewed.

## Findings:

There is a small focus of high signal at the foveal attachment of triangular fibrocartilage complex (TFCC), in keeping with a sprain. No perforation is seen. Mild negative ulna variance is noted.

Mild focal high signal at the dorsal capsule, radial side likely represents contusion (Se:9/12).

There is no occult fracture or osteonecrosis. The carpal bones show a normal configuration, shape and relationship. The articular surfaces are smooth, congruent and of a normal width. The bone marrow signal is normal.

The SL ligament remains intact without any widening of the SL interval. There is no significant dorsal or volar tilt of the lunate. The interosseous luno-triquetral ligament is intact.

The pisiform-triquetral joint is unremarkable.

The cartilage at the scaphoid-trapezio-trapezoid (STT) joint is preserved.

The distal radio-ulnar joint is unremarkable with the cartilage preserved.

The carpo-metacarpal joint (CMCJ) of the thumb is intact. The volar oblique (beak) ligament and the dorsal deltoid ligaments are intact.

The contents of the carpal tunnel are preserved. The median nerve is unremarkable without increased signal or enlargement. No soft tissue mass is seen in Guyon's canal. The ulnar nerve is preserved.

The flexor and extensor compartments at the wrist are unremarkable with no tenosynovitis or scarring of the paratenon.

#### IMPRESSION:

- Triangular fibrocartilage sprain at the foveal attachment.
- Mild negative ulna variance.
- Mild focal high signal at the dorsal capsule, radial side likely represents contusion.

Report Entered By: Dr Rudo A Magadza on 05-AUG-2019 05:36 PM

Report Coread By: Dr Rupak Dutta on 05-AUG-2019 05:49 PM Report Approved By: Dr Rupak Dutta on 05-AUG-2019 05:49 PM SEBASTIAN LI JUN NAN, Patient ID: S8946498F DOB: 11-Dec-1989 Date: 07-Aug-2019

Exam No: 10000313024

REPORT STATUS: APPROVED

MRI, Knee, Right of 07-AUG-2019:

Multiplanar multisequence MRI of the knee was performed using department protocol.

Findings:

There is high signal involving the posterolateral fibres of the anterior cruciate ligament, representing a sprain injury. Adjacent marrow oedema is seen at the underlying tibial spine.

The medial meniscus demonstrates no meniscal tear or degeneration. There is no meniscocapsular separation. The lateral meniscus demonstrates no meniscal degeneration or tear.

The posterior cruciate ligament is intact.

The medial and lateral collateral ligaments are preserved with intact proximal and distal attachments.

The extensor mechanism is not torn. The quadriceps tendon and patellar tendon are preserved. No edema is seen in Hoffa's fat pad.

The popliteus tendon is preserved with intact attachment to the lateral femoral condyle. The biceps femoris tendon, iliotibial band and popliteofibular ligament are preserved.

The pes anserine tendons are preserved.

There is no occult fracture or evidence of recent pivot shift.

The cartilage over the tibiofemoral and patellofemoral joints is preserved without fibrillation, defect or basal delamination.

There is no joint effusion.

#### COMMENT:

 ACL sprain involving the posterolateral bundle with insertional subchondral oedema below the tibial spines.

Report Entered By: Dr Rudo A Magadza on 07-AUG-2019 05:18 PM Report Coread By: Dr Rupak Dutta on 07-AUG-2019 05:22 PM Report Approved By: Dr Rupak Dutta on 07-AUG-2019 05:22 PM SEBASTIAN LI JUN NAN, Patient ID: S8946498F DOB: 11-Dec-1989 Date: 07-Aug-

Exam No: 10000313025

REPORT STATUS: APPROVED

MRI, Wrist, Left of 07-AUG-2019:

Multiplanar multisequence MRI of the wrist was performed using department protocol.

Findings:

A small focal well defined cystic at the radial side of capsule/extrinsic ligaments of wrist (Se:3/13) (Se:6/10) likely representing a ganglion cyst. It measures 0.9 x 8 0.3 cm.

There is no occult fracture or osteonecrosis. The carpal bones show a normal configuration, shape and relationship. The articular surfaces are smooth, congruent and of a normal width. The bone marrow signal is normal.

The SL ligament remains intact without any widening of the SL interval. There is no significant dorsal or volar tilt of the lunate. The interosseous luno-triquetral ligament is intact.

The triangular fibrocartilage complex (TFCC) is unremarkable. No tear of the central disc is seen. No tear is detected in the ligamentous attachments of the TFCC.

There is pisiform-triquetral joint is unremarkable.

The cartilage at the scaphoid-trapezio-trapezoid (STT) joint is preserved.

The distal radio-ulnar joint is unremarkable with the cartilage preserved.

The carpo-metacarpal joint (CMCJ) of the thumb is intact. The volar oblique (beak) ligament and the dorsal deltoid ligaments are intact.

The contents of the carpal tunnel are preserved. The median nerve is unremarkable without increased signal or enlargement. No soft tissue mass is seen in Guyon's canal. The ulnar nerve is preserved.

The flexor and extensor compartments at the wrist are unremarkable with no tenosynovitis or scarring of the paratenon.

## IMPRESSION:

- Small ganglion cyst likely related to the capsule/extrinsic ligaments at the volar aspect of the radial side of wrist.
- No fracture or bone contusion detected.

Report Entered By: Dr Rudo A Magadza on 07-AUG-2019 04:47 PM Report Coread By: Dr Rupak Dutta on 07-AUG-2019 05:19 PM Report Approved By: Dr Rupak Dutta on 07-AUG-2019 05:19 PM



#### **EMERGENCY DEPARTMENT**

Date:	
Time:	
Location:	

Please bring along your N.R.I.C or BIRTH CERTIFICATE (if you are below 15) or PASSPORT / WORK PERMIT (if you are a FOREIGNER)

An administration fee of \$10.00 will be charged for duplication of referral letter.

S8946498F

63577000/8000 For any queries or changes, pls call

To: Ortho-Sports Medicine Hot

Muhammad Nursuhairi From: 186301

Name Registrar

Re:

DOB/Age/Sex

SEBASTIAN LI JUN NAN

11-12-1989 / 29 Yrs

/ Male

Registration date

MRN

04-06-2019 07:59 AM

# REFERRAL REMARKS / REASON FOR REFERRAL

Dear colleagues,

Many thanks for seeing Mr Sebastian after his RTA. Please continue follow-up for his limb and neck pains and arrange for MRI if necessary, thank you.

Diagnosis

Principal Diagnosis: CONTUSION OF ARM

Allergies / Medical Alerts

NIL

PLEASE TRACE AND REVIEW ALL FINAL

**XRAY AND LABORATORY REPORTS** 

#### Investigations

X-Ray Orders: CERVICAL SPINE - AP. LAT CERVICAL SPINE - SWIMMER'S ELBOW (RIGHT) - AP, LAT

FOOT (RIGHT) - AP, LAT KNEE (RIGHT) - AP, LAT

KNEE (RIGHT) - SKYLINE

SHOULDER (RIGHT) - AP, TRANSCAPULAR

WRIST (RIGHT) - AP, LAT

X-Ray Comments:

XR, Cervical Spine, Swimmer's View (Exam ID 10000306813):

XR, Foot, Right (Exam ID 10000306821), XR, Knee, Right (Exam ID 10000306819), XR, Elbow, Right (Exam ID 10000306816).

XR, Wrist, Right (Exam ID 10000306818), XR, Shoulder, Right (AP and Lateral) (Exam ID 10000306814):

XR, Cervical Spine, AP and Lateral (Exam ID 10000306811), XR, Knee, Right, Skyline View (Exam ID 10000306820):

## Treatment

This referral letter is valid for six months

The content of this document is confidential and privileged to the doctor and patient. If you have received this document by mistake, please (a) notify the sender immediately; (b) destroy the document and (c) do not read, use, copy, store, disseminate and/ordisclose to any person the information, and materials found in the medical

MRC-REC-07-00

1 of 2

Print Date 06-06-2019 10:49 PM



#### **EMERGENCY DEPARTMENT**

Date: Time: Location:

To: Sports - Medicine B1A

Within 2 weeks

From: Charmaine Manauis (DR) Re:

11699H

Consultant

Please bring along your N.R.I.C or BIRTH CERTIFICATE (if you are below 15) or PASSPORT / WORK PERMIT

(if you are a FOREIGNER)

An administration fee of \$10.00 will be charged for duplication of referral letter.

For any queries or changes: pls call 63577000/8000

MRN

S8946498F

Name

SEBASTIAN LI JUN NAN

DOB/Age/Sex

11-12-1989 / 30 Yrs

/ Male

Registration date 11-06-2019 09:59 AM

Diagnosis

Principal Diagnosis: CONTUSION OF RIGHT KNEE

# Allergies / Medical Alerts

EDWeb Drug Allergy:

NIL

ADR / Drg Allergy:

NIL

Medical Alerts:

NIL

# PLEASE TRACE AND REVIEW ALL FINAL

#### **XRAY AND LABORATORY REPORTS**

#### **Triage Notes**

SCREENING

- > No Respy Symp
- > NO travel to List C
- > ID Suspect :NONE

ED Outcome Location: EDC

Chief Complaint at Screening: Knee pain

RTA, motorcyclist skidded. Seen in ED on the 4/6/19. Now c/o persistent Rt knee pain and swelling since. Seen by sports clinic, a/w knee MRI on the 15/8/19. Rt knee xray done on the 4/6/19.

Clinical Frailty Scale

1 Very Fit

Vital Signs TEMP:36.7

PR:79 BP:131/80 mmHg RR:16 SPO2:96 FIO2:21

#### Investigations

# This referral letter is valid for six months

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MRC-REC-07-00

1 of 2

Print Date 11-06-2019 11:30 AM



# Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433 TEL (65) 6256 6011

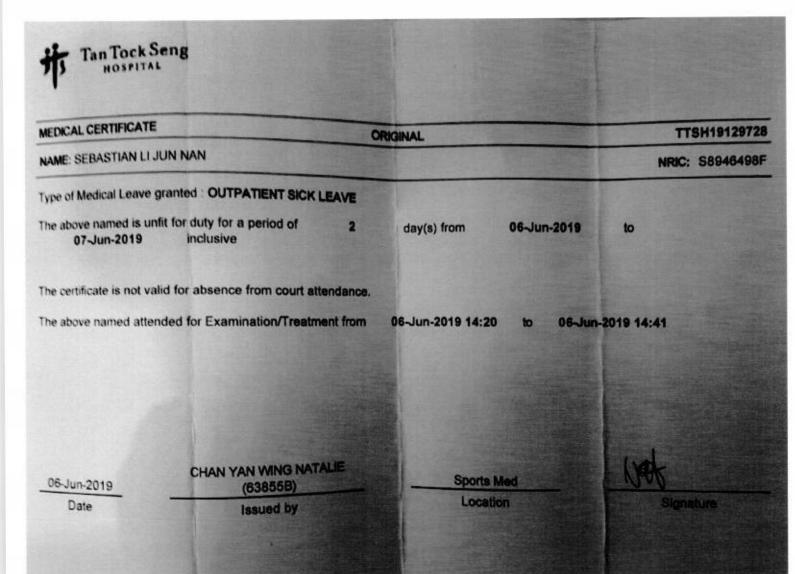
MEDICAL CERTIFICATE  NAME: SEBASTIAN LI JUN NAN	OF	RIGINAL			N	TTSH1912 RIC: S8946
Type of Medical Leave granted OUTPATIENT SICK LE	AVE	-				
The above named is unfit for duty for a period of 06-Jun-2019 inclusive	3	day(s) from	04-Jun-	2019	to	
The certificate is not valid for absence from court atte	ndance.					
The above named attended for Examination/Treatme	ent from	04-Jun-2019 07:59	to	04-Jun	-2019 10:5	10

04-Jun-2019 Date MUHAMMAD NURSUHAIRI B SUMARNI (18630I)

Issued by

Emergency Department Location

member of National Mealthcare Group





# Tan Tock Seng Hospital

11 Jalan Tan Tock Seng. Singapore 308433 TEL: (65) 6256 6011

MEDICAL CERTIFICATE	William Bridge	0	RIGINAL		TTSH1913314
NAME: SEBASTIAN LI JUN	NAN				NRIC: S8946498
Type of Medical Leave gra	nted OUTPATIENT SICK	LEAVE			
The above named is unfit 20-Jun-2019	for duty for a period of inclusive	10	day(s) from	11-Jun-2019	to
The certificate is not valid	for absence from court at	ttendance.			
The above named attended	ed for Examination/Treatn	nent from	11-Jun-2019 09:59	9 to 11-Jun	-2019 11:29
11-Jun-2019	MANAUIS CHARMAINE M (11699H)	ALENAB	Emergency D	Department	6
Date	Issued by		Locat	ion	// Signature

Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries) Fax: 6256 9234 Reg No. 199003683N

The TTSH Community Fund actively helps needly patients and the community brough health-related programs. Every donation goes a long way in moking a positive impact to our patients lives. To donate or knew more about TTSH Community Fund, please visit www.tish.com.sg/tishcf. Thank You

# TAX INVOICE

TO:

MR. SEBASTIAN LI JUN NAN

BLK 419 #09-1077

ANG MO KIO AVENUE 10 SINGAPORE - 560419

MRN/NRIC : S8946498F

: 1219416232B-00001 CASE NO

VISIT DATE : 04.06.2019 07:59 : TCEMD

LOCATION INVOICE DATE : 04.06.2019 TYPE OF SUPPLY : CASH/CREDIT GST REG NO : M2-0094564-6

PATIENT NAME: SEBASTIAN LI JUN NAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT (\$)
ED Service Facility	256.00
XR, Elbow, Right	43.31
XR, Shoulder, Right	51.96
XR, Wrist, Right	43.31
XR, Foot, Right	43.31
XR, Knee, Right	43.31
Additional Views (Up To 2)	41.17
Additional Views (Up To 2)	47.71
XR, Cervical Spine, AP & Lateral	75.94
Prescription	7.00
Injection - S/C, I/M, I/V	21.32
Total Charges	674.34
Government Subsidy	546.34-
Total Amount Payable	128.00
PAYMENT:	
MEDICAL CLAIMS PRORATION SYSTEM	0.00
SEBASTIAN LI JUN NAN	0.00
TOTAL DUE AFTER PAYMENT	128.00
DUE FROM:	
MEDICAL CLAIMS PRORATION SYSTEM	128.00
SEBASTIAN LI JUN NAN	0.00

#### FOR INFORMATION

POLICY NUMBER
F

# MEDICAL CLAIMS PROPATION SYSTEM

S8946498F

Total amount payable after GST is \$136.96.

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

VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE:
Logist to myspl critical services with your fairightees at http://www.cpf.give.to; and proceed to My Statement >> Section 8 >> Medicare MediShed Life
Integrated Sheeld Plan Claims and Residencements. For encire information, please visit http://www.cpf.giv.to; >> FAQ >> Headerson
Proceed to Dackgrape for reunifor seminal information for Employees and Proceedings.

04/06/201911 17

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# TAX INVOICE

TO:

MR. SEBASTIAN LI JUN NAN BLK 419 #09-1077 ANG MO KIO AVENUE 10 SINGAPORE - 560419

MRN/NRIC CASE NO

VISIT DATE

: S8946498F

: 1219085737G-00003 : 06.06.2019 14:20

LOCATION INVOICE DATE TYPE OF SUPPLY : CASH/CREDIT

: TCSMC : 06.06.2019

: M2-0094564-6 GST REG NO

PATIENT NAME: SEBASTIAN LI JUN NAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description .	Amount(S\$)
CONSULTATION AND SERVICES	
CONSULTATION FEE: Consultation - Repeat Visit	72.00
Subtotal Charges (before Government Subsidy) Less: Government Subsidy	72.00 36.00-
Charges Payable Less Government Subsidy	36.00
Total Amount Payable	36.00
PAYMENT: MEDICAL CLAIMS PRORATION SYSTEM SEBASTIAN LI JUN NAN	0.00 0.00
TOTAL DUE AFTER PAYMENT	36.00
DUE FROM: MEDICAL CLAIMS PRORATION SYSTEM SEBASTIAN LI JUN NAN	36.00 0.00

## FOR INFORMATION

**POLICY NUMBER** INSURANCE PROVIDER S8946498F MEDICAL CLAIMS PROPATION SYSTEM

Total amount payable after GST is \$38.52. Total GST for this bill at 7% is \$2.52 which is absorbed by the Government. NETS

NETSUCIS. G84
TAN TOCK SENG HOSPITAL
EMERGENCY &
DEPARTHENT
111872582000 87258202
001659 REF: 6498

001659 NETS PURCHASE DBS BANK

11 JUN 2019 12:12:51 001659 481815 00

TOTAL:

\$40.00

CUR

10

APPROVED

**KELB** 

256 6013 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries) 6256 9234 Reg No. 199003683N

needy patients and the community through health-related programs. Every doration goes a long way in making.

Sonale or know more about TTSH Community Fund, please visit www.ttsh.com.sg/ttshcf. Thank You.

TAX INVOICE

NAN MRN/NRIC

CASE NO : 1219431096H-00001 VISIT DATE : 11.06.2019 09:59 LOCATION : TCEMD

INVOICE DATE : 11.06.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0094564-6

: S8946498F

I LI JUN NAN PLEASE PAY UPON RECEIPT OF THIS INVOICE

**AMOUNT** \*\*\*\*\*\*DUPLICATE\*\*\*\*\* (S) 256.00 **ED Service Facility** 5.60 Prescription 6.38 Jones Bandage 40.00 A Pair Of Crutches 307.98 **Total Charges** 139.98-Government Subsidy 168.00 Total Amount Payable PAYMENT: MEDICAL CLAIMS PROPATION SYSTEM 0.00 SEBASTIAN LI JUN NAN ( NETS - 11.06.2019 , RECEIPT #: T012477045 ) 40.00 (rytche TOTAL DUE AFTER PAYMENT 128.00 DUE FROM: MEDICAL CLAIMS PROPATION SYSTEM 128.00 0.00 SEBASTIAN LI JUN NAN

FOR INFORMATION

INSURANCE PROVIDER POLICY NUMBER

MEDICAL CLAIMS PRORATION SYSTEM S8946498F

Total amount payable after GST is \$179.76.
Total GST for this bill at 7% is \$11.76 which is absorbed by the Government.

Hospital will send you a bill if there is any additional Medical Investigation / Medications performed.

PAGE 1 OF 1

VIEW YOUR MEDISAYE ANDIOR MEDISHIELD LIFE CLAIM DETAILS ONLINE:

Login to mycpf online services with your SingPass at http://www.cpf.gov.eg and proceed to My Statement>> Section 8 >> Medisswe/MediShield Life Integrated Shadd Plan Claims and Reimburgements. For more information, please year http://www.cpf.gov.eg >> FAQ >> Healthcare.

11/06/201012:13



No.11 Jalan Tan Tock Seng. Singapore 308433 Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6407 8128 (Payment Enquiries) Fax: 6256 9234 Reg No. 199003683N

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#### TAX INVOICE

TO:

MR. SEBASTIAN LI JUN NAN

BLK 419 #09-1077

ANG MO KIO AVENUE 10 SINGAPORE - 560419

MRN/NRIC CASE NO

: S8946498F

: 1219085737G-00005

VISIT DATE

: 05.08.2019 14:16

LOCATION INVOICE DATE

: TCDDR : 05.08.2019

TYPE OF SUPPLY : CASH/CREDIT

GST REG NO

: M2-0094564-6

PATIENT NAME: SEBASTIAN LI JUN NAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

**CONSULTATION AND SERVICES** 

Magnetic Resonance Imaging (MRI):

MRI, Shoulder, Right MRI, Wrist, Right

Description

839.78 839.78

Amount(SS)

Subtotal Charges (before Government Subsidy) Less: Government Subsidy

1,679.56 839.78

Charges Payable Less Government Subsidy

839.78

Total Amount Payable

839.78

PAYMENT:

MEDICAL CLAIMS PRORATION SYSTEM SEBASTIAN LI JUN NAN

0.00 0.00

**TOTAL DUE AFTER PAYMENT** 

839.78

MEDICAL CLAIMS PRORATION SYSTEM

SEBASTIAN LI JUN NAN

839.78 0.00

FOR INFORMATION

**INSURANCE PROVIDER** 

**POLICY NUMBER** 

MEDICAL CLAIMS PRORATION SYSTEM

S8946498F

Total amount payable after GST is \$898.56.

Total GST for this bill at 7% is \$58.78 which is absorbed by the Government.





No. 11 Jalan Tan Tock Seng, Singapore 308433 Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries) Fax: 6256 9234 Reg No. 199003683N

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# TAX INVOICE

TO:

MR. SEBASTIAN LI JUN NAN

BLK 419 #09-1077

ANG MO KIO AVENUE 10 SINGAPORE - 560419

MRN/NRIC CASE NO

: S8946498F

: 1219085737G-00006

VISIT DATE

: 07.08.2019 15:07

LOCATION INVOICE DATE : TCDDR : 07.08.2019

TYPE OF SUPPLY : CASH/CREDIT GST REG NO

: M2-0094564-6

PATIENT NAME : SEBASTIAN LI JUN NAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description

Amount(SS)

CONSULTATION AND SERVICES

Magnetic Resonance Imaging (MRI):

MRI, Wrist, Left MRI, Knee, Right

Subtotal Charges (before Government Subsidy) Less: Government Subsidy

Charges Payable Less Government Subsidy

Total Amount Payable

PAYMENT: MEDICAL CLAIMS PRORATION SYSTEM SEBASTIAN LI JUN NAN

TOTAL DUE AFTER PAYMENT

DUE FROM:

MEDICAL CLAIMS PROPATION SYSTEM

SEBASTIAN LI JUN NAN

1.679.56

839.78-

839.78

839.78

839.78

839.78

0.00 0.00

839.78

839.78

0.00

**FOR INFORMATION** 

INSURANCE PROVIDER

**POLICY NUMBER** 

MEDICAL CLAIMS PROPATION SYSTEM

S8946498F

Total amount payable after GST is \$898.56.

Total GST for this bill at 7% is \$58.78 which is absorbed by the Government.



No.11 Jalan Tan Tock Seng, Singapore 308433 Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6407 8128 (Payment Enquiries) Fax: 6256 9234 Reg No. 199003683N

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## TAX INVOICE

TO:

MR. SEBASTIAN LI JUN NAN

BLK 419 #09-1077 ANG MO KIO AVENUE 10 SINGAPORE - 560419

MRN/NRIC

: S8946498F

CASE NO VISIT DATE : 1219085737G-00004 : 15.08.2019 16:10

LOCATION : TCSMC
INVOICE DATE : 15.08.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0094564-6

PATIENT NAME: SEBASTIAN LI JUN NAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(S\$
CONSULTATION AND SERVICES	
CONSULTATION FEE: Consultation - Repeat Visit	72.00
Subtotal Charges (before Government Subsidy) Less: Government Subsidy	72.00 36.00-
Charges Payable Less Government Subsidy	36.00
Total Amount Payable	36.00
PAYMENT: MEDICAL CLAIMS PRORATION SYSTEM SEBASTIAN LI JUN NAN	0.00 0.00
TOTAL DUE AFTER PAYMENT	36.00
DUE FROM: MEDICAL CLAIMS PRORATION SYSTEM SEBASTIAN LI JUN NAN	36.00 0.00

#### FOR INFORMATION

INSURANCE PROVIDER

**POLICY NUMBER** 

MEDICAL CLAIMS PROPATION SYSTEM

S8946498F

Total amount payable after GST is \$38.52.

Total GST for this bill at 7% is \$2.52 which is absorbed by the Government.



No. 11 Jalan fan Jock Seng, Singapore 3084.13 Tel: 6256-6011 (Main Line), 6357-7000 (Central Appointment Room), 6511-4338 (Billing Enquines) Fax: 6256 9234 Reg No. 199003683N

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## TAX INVOICE

TO:

MR. SEBASTIAN LI JUN NAN BLK 419 #09-1077 ANG MO KIO AVENUE 10 SINGAPORE - 560419

MRN/NRIC : S8946498F CASE NO : 1219127312

CASE NO : 1219127312C-00007
VISIT DATE : 09.09.2019 08:40
LOCATION : TCMPHT
INVOICE DATE : 09.09.2019

TYPE OF SUPPLY : CASH/CREDIT GST REG NO : M2-0094564-6

PATIENT NAME: SEBASTIAN LI JUN NAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(SS)
CONSULTATION AND SERVICES	
Physiotherapy: Brief Assessment Therapeutic Intervention - Standard	28.00 47.00
Subtotal Charges (before Government Subsidy) Less: Government Subsidy	75.00 51.65-
Charges Payable Less Government Subsidy	23.35
Total Amount Payable	23.35
PAYMENT: MEDICAL CLAIMS PROPATION SYSTEM SEBASTIAN LI JUN NAN	0.00
TOTAL DUE AFTER PAYMENT	23.35
DUE FROM: MEDICAL CLAIMS PROPATION SYSTEM SEBASTIAN LI JUN NAN	23.35 0.00

# FOR INFORMATION

INSURANCE PROVIDER

**POLICY NUMBER** 

MEDICAL CLAIMS PROPATION SYSTEM

S8946498F

Total amount payable after GST is \$24.99.

Total GST for this bill at 7% is \$1.64 which is absorbed by the Government.

PAGE 1 OF 1



No.11 Jalan Tan Tock Seng, Singapore 308433 Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6407 8128 (Payment Enquiries) Fax: 6256 9234 Reg No. 199003683N

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# TAX INVOICE

TO:

MR. SEBASTIAN LI JUN NAN BLK 419 #09-1077 ANG MO KIO AVENUE 10 SINGAPORE - 560419

MRN/NRIC CASE NO

: S8946498F

: 1219127312C-00008 : 21.10.2019 08:00

VISIT DATE LOCATION : TCMPHT INVOICE DATE : 21.10.2019 TYPE OF SUPPLY : CASH/CREDIT

: M2-0094564-6 GST REG NO

PATIENT NAME: SEBASTIAN LI JUN NAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(SS)
CONSULTATION AND SERVICES	
Physiotherapy: Brief Assessment	28.00 47.00
Therapeutic Intervention - Standard	47.00
Subtotal Charges (before Government Subsidy) Less: Government Subsidy	75.00 51.65-
Charges Payable Less Government Subsidy	23.35
Total Amount Payable	23.35
PAYMENT: MEDICAL CLAIMS PROPATION SYSTEM SEBASTIAN LI JUN NAN	0.00
TOTAL DUE AFTER PAYMENT	23.35
DUE FROM: MEDICAL CLAIMS PRORATION SYSTEM SEBASTIAN LI JUN NAN	23.35 0.00

#### **FOR INFORMATION**

**INSURANCE PROVIDER** 

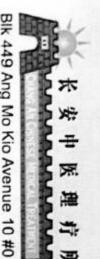
**POLICY NUMBER** 

MEDICAL CLAIMS PRORATION SYSTEM

S8946498F

Total amount payable after GST is \$24.99.

Total GST for this bill at 7% is \$1.64 which is absorbed by the Government.



Blk 449 Ang Mo Kio Avenue 10 #01-1731 Singapore 560449 Tel : 6454 5890

収据号码 official Receipt No.: 3526

	精注 精注	未统 The Sum Of Dollars:	居民证号码 S89464 98 F NRIC Number: S89464 98 F	解於型 Received From: Sebastian Li Jun Nan	
	leap infunt due to the	Event ux	98F	V Li Jun Nan	
G 华 (Receive with thanks	recen	,		先生/女士	日期 Date: Valor ()

中医师祭名 Certified By Chinese Physician TCM Full Registration Certificate No. 0601

# CITYCAB PTE LTD SHBZ055Z

	2019 2019	174952 11:47 11:58 .60 KM
QRCODE-PAYLAH SALE APPROVAL 0123		000010
METER FARE TOTAL FARE	\$	8.10 8.10
FEE(GST INCL) AMOUNT PAID	\$\$	0.30 8.40

GST M2-0113048-4

APPROVED



160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396 Email: absolute.app.svcs@gmail.com

Vehicle Inspection Report

To:

Sebastian Li Jun Nan

C/o:

419 Ang Mo Kio Avenue 10 #09-1077

Singapore 560419

Report No: AAS/2019/324

Date of report:

Date of request:

12.09.2019 02.07.2019

02.07.2019 Date of inspection:

04.06.2019 Date of accident:

Claim type: Third Party Claim

Particulars of affected vehicle:

Registration no:

FN3939C

Honda NSR250R2R (Motorcycle)

Make/Model: Year of registration:

1996

Black

Odometer:

Not Working

**Engine Capacity:** Engine no:

249 cc MC16E1305605

Chassis no:

MC281005539

Condition of tires:

Front:

Colour:

5mm

5mm

Make:

Bridgestone

Rear: Make:

Bridgestone

Type of road wheel:

Alloy

(The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork

: Good

Paintwork

: Good : In order

Handbrake Footbrake

: In order

Steering

: In order

Apparent engine modification

: Nil

The Assignment

The inspection was conduct at M/s.

Race Werks Pte Ltd

Blk 1008 #01-26 Bukit Merah Lane 3

Singapore 159722

(Subsequent inspection was conducted)

Assessment

Repairer's estimate:

\$ 21,433.00

Revised estimate:

\$ 14,382.50

Recommended reserve:

\$ 14,382.50 (Part by Part)

Estimated normal duration of repairs: 6 Working days



160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0+13 Fax: 6266-7596 Email: absolute.app.svcs@gmail.com

Vehicle No: FN3939C

Report No: AAS/2019/324

### W/O PREJUDICE

# Point of impact

At the RHS portion.

# General description of damages

The front fender, head cowling, front fork, fairings, tail cowling, subframe, rear road wheel, RH footrest, RH exhaust pipe, RH exhaust muffler, etc.

Other parts were also found damaged. (See schedule for details)

# Recommendation

The estimate cost of repair submitted by M/s Race Werks Pte Ltd as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$14,382.50

# Conclusion

The repairer has agreed to undertake the repair on a Part by Part basics of SGD \$14,382.50

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of  $\underline{6}$  working days.

We have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a 'Without Prejudice' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 155 photographs.

Your Faithfully Absolute Appraisal Services Pte Ltd

Nicky Seah Automobile Appraiser MSAAA / MSMCTA



160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Report No: AAS/2019/324

Mobile: 9688-0+13 Fax: 6266-7396 Email: absolute.app.svcs@gmail.com

Vehi	cle No: FN3939C				Rej	port No: AA	S/201	9/	324
	raisement Schedule								
		0:	Condition		Ret	pairer's Est	R	lev	ised Est
	Parts Description	Qty	Cracked		\$	155.00	110	\$	155.00/
1	Front fender	1	Dented	2510	\$	220.00			220.00 X
2	Meter bracket	1	Dented/Grazed	0	\$	85.00	50		85.00
3	Front brake lever	1	Grazed	10%	\$	125.00	90		125.00
4	Mirror RH	1	Distorted	0	\$	260.00	80		260.00
5	Mirror stay	1	Serviceable	2257	\$	215.00	0		#1
6	Handlebar RH		Dented/Cracked		\$	120.00	80	\$	120.00
7	Water pump cover	1			\$	1,300.00			1,300.00
8	Radiator	1	Dented Serviceable		\$	750.00	700	7	
9	Steering stem	1	Serviceable	\$ 890.00	\$	1,780.00			2
10	Fork tube LH/RH	2		\$ 750.00	\$	1,500.00			· 0 V
11	Fork holder LH/RH	2	RH Grazed/Repair	\$ 750.00	\$	2.180.00	Com	\$	2,180.00
	Rear frame	1	Distorted/Broken Serviceable		5	900.00	195	*	-
	Steering damper	1			4	480.00	400	\$	480.00
	Exhaust muffler RH	1	Dented/Grazed		\$	1,500.00	1,55	*	- R
15	Exhaust pipe RH	1	Dented/Repair		4	1,500.00			
				Total:	-\$	11,570.00		\$	4,925.00
				-10%	\$	1,157.00		\$	492.50
				List total:	\$	10,413.00		\$	4,432.50
1	Rear wheel (Magtek) ×	1	Dented/Grazed		\$	2,850.00	R	\$	2,850.00
2	Throttle grip (Domino)	1set			\$	50.00	30	\$	50.00
3	Fairing set (Tyga)	1set	Cracked/Grazed	2830	\$	4,050.00	2500	\$	4,050.00
4	Front signal lamp 🕪	1set			\$	45.00	40	\$	45.00
5	Rear signal lamp & M	1set			\$	45.00	40	\$	45.00
6	Footrest (Tyga) Ru	1set			\$	360.00	200	\$	360.00
7	Radiator coolant	1	Necessary		\$	20.00	20	\$	20.00
				Special nett total	\$	7,420.00	-	\$	7,420.00
				Parts Total:	\$	17,833.00	Ĺ	\$	11,852.50



160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396 Email: absolute.app.svcs@gmail.com

Vehicle No: FN3939C			Report No: AAS/2019/324			
		Re	pairer's Est	Rev	vised Est	
S/N 1	Realign & conduct fork alignment. Repair & refurbish RH fork holder.	\$	120.00	40\$	120.00	
2	Frame alignment on bench/process to fix bike on bench/process jig measurement & alignment/install back fixture & recheck measurement.	\$	1,000.00	250\$	500.00	
3	Computerized frame checking.	\$	250.00	120 \$	250.00	
4	Paintwork.	\$	950.00	300\$	800.00	
5	Labour charge.	\$	1,200.00	yws	800.00	
6	Towing charges	\$	80.00	× s	60.00	
	Labour Tota	: \$	3,600.00	\$	2,530.00	
The	Grand Total sinal adjusted Part by Part amount is \$14,382.50	: \$	21,433.00	<u> </u>	14,382.50	
Une	der normal circumstances, the repair should be completed					
	hin a reasonable period of 6 working days.		2259			
155	5 Photographs were taken at the time of inspection.		2830			
			1110			
			6199			
			50	(cus)		

Disclaimer: This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by Absolute Appraisal Service Pte Ltd for any reliance on this report by any third party.

repair limt 6k



# 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

Page No.:1 of 2

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FN 3939C

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT FENDER	CRACKED	155.00	110.00
1	METER BRACKET	TO REPAIR SEE	220.00	3-
1	FRONT BRAKE LEVER	DENTED / GRAZED	85.00	50.00
1	MIRROR RH	GRAZED	125.00	90.00
1	MIRROR STAY	DISTORTED	260.00	80.00
1	HANDLE BAR RH	SERVICEABLE	215.00	
1	WATER PUMP COVER	DENTED / CRACKED	120.00	80.00
1	RADIATOR	DENTED	1,300.00	700.00
1	STEERING STEM	SERVICEABLE	750.00	
2	FORK TUBE LH/RH @ \$890.00	SERVICEABLE	1,780.00	81
2	FORK HOLDER LH/RH @ \$750.00	TO REPAIR SEE LABOUR	1,500.00	8
1	REAR FRAME	DISTORTED / BROKEN	2,180.00	1,000.00
1	STEERING DAMPER	SERVICEABLE	900.00	12
1	EXHAUST MUFFLER RH	DENTED / GRAZED	480.00	400.00
1	EXHAUST PIPE RH	TO REPAIR SEE LABOUR	1,500.00	
	LESS 10% DISCOUNT		-1,157.00	-251.00
			10,413.00	2,259.00
	SPECIAL NETT ITEMS			
1	REAR WHEEL (MAGTEK) (SN)	TO REPAIR SEE LABOUR	2,850.00	
1	SET THROTTLE GRIP (DOMINO) (R/H) (SN)	TORN	50.00	30.00
1	SET FAIRING (TYGA) (SN)	CRACKED / GRAZED	4,050.00	2,500.00
1	SET FRONT SIGNAL LAMP (R/H) (SN)	BROKEN	45.00	40.00
1	SET REAR SIGNAL LAMP (R/H) (SN)	BROKEN	45.00	40.00
1	SET FOOTREST (TYGA) (R/H) (SN)	DENTED	360.00	200.00
1	RADIATOR COOLANT (SN)	NECESSARY	20.00	20.00
			7,420.00	2,830.00

Report Ref No. CS1/ASM20001770/R1vf3s2



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TEL: 6256 3561 FAX: 6256 4315

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

Page No.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	LABOUR			
	REALIGN & CONDUCT FORK ALIGNMENT. REPAIR & REFURBISH RH FORK HOLDER.		120.00	40.00
	FRAME ALIGNMENT ON BECH / PROCESS TO FIX BIKE ON BENCH / PROCESS JIG MEASUREMENT & ALIGNMENT / INSTALL BACK FIXTURE & RECHECK MEASUREMENT.		1,000.00	
	COMPUTERIZED FRAME CHECKING.		250.00	120.00
	PAINTWORK.		950.00	300.00
	LABOUR CHARGE. INCLUSIVE OF THE REPAIR OF METER BRACKET, FORK HOLDER LH/RH, EXHAUST PIPE RH AND REAR WHEEL (MAGTEK).		1,200.00	400.00
	TOWING CHARGES.	NOT NECESSARY	80.00	
			3,600.00	1,110.00
	GRAND TOTAL		21,433.00	6,199.00

RECOMMENDED COST OF REPAIRS	6,199.00

Report Ref No. CS1/ASM20001770/R1vf3s2

MARKET VALUE: \$10,000.00 (EST) - LTA REIMBURSEMENT VALUE: \$3,939.00 = NETT VALUE: \$6,061.00

MKB

MOHAMMED RASUL BIN MOHD YUNUS

**Automotive Assessor** 

St. S.

**ADRIAN LING WAI PING** 

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

Licensed Appraiser

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