



Daniel Poon & Co.

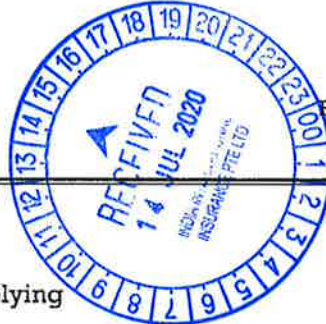
Advocates & Solicitors
Commissioners for Oaths



FROM **DANIEL POON & CO**
PDX Box No. **8748**

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)

Daniel Poon Choon Kow
LL. B. (Hons), LL.M



Our Ref: DP.sl.11196.20.TMC+PI
Your Ref: -----
Please quote our reference number when replying

Date: 08 JUL 2020

M/S INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
IOB BUILDING
#04-00
SINGAPORE 049711
ATTN: MOTOR CLAIMS DEPARTMENT

WITHOUT PREJUDICE

PDX 8172

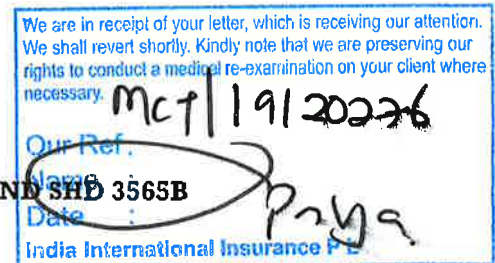
mct/19120276

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
GAS BUILDING
SINGAPORE 575717
OWNER OF SHD 3565B

CERTIFICATE OF POSTING

Dear Sirs,

MAHADHIR BIN AHMAD, NRIC# S XXXX040/E
ACCIDENT ON 11 DECEMBER 2019 INVOLVING FBG 5689U AND SHD 3565B
ALONG TPE BEFORE EXIT 3A TOWARDS PUNGGOL



We act for MAHADHIR BIN AHMAD, NRIC# S XXXX040/E.

We are instructed that on 11 December 2019 in the evening, our client was the owner and rider of motorcycle no: FBG 5689U travelling along TPE before exit 3A towards Punggol. Suddenly motor vehicle no: SHD 3565B collided into the vehicle our client was on. The said collision was due solely to or contributed by the negligence of the driver of motor vehicle no: SHD 3565B.

A copy each of the following supporting document has been sent to your insurer:

1. Medical report from M/s National Healthcare Group dated 09 April 2020;
2. Official receipt being payment of medical report;
3. Medical report from M/s Khoo Teck Puat Hospital dated 24 March 2020;
4. Official receipt being payment of medical report;
5. Medical report from M/s Changi General Hospital dated 30 March 2020;
6. Official receipt being payment of medical report fee;
7. Medical certificate for 07 days;
8. Medical expenses amounting to \$754.80;

...2/-

08 JUL 2020

9. A & E visit summary;
10. Referral letter from Changi General Hospital;
11. Our client's GIA report with six (06) copies of coloured photographs;
12. Our client's police report;
13. Traffic police letter dated 17 February 2020;
14. LTA search and invoice on vehicle: SHD 3565B;
15. GIA search and report invoices amounting to \$29.00;
16. GIA report of SHD 3565B with thirteen (13) copies of scanned photographs;
17. Five (05) copies of coloured scanned photographs showing damage to our client's personal items.
18. Repair bill;
19. Survey report + invoice;
20. One hundred and eighteen (118) copies of scanned coloured photographs showing damage to our client's vehicle.

Based on the aforesaid, we quantify our client's claim for personal injury as follows:

1.	General Damages for pain & suffering & loss of amenities	\$ 10,000.00
2.	Medical expenses	\$ 754.80
3.	Transport expenses	\$ 400.00
4.	Medical report fee	\$ 313.42
5.	Damage to personal items	
	a) Raincoat	\$ 95.00
	b) Helmet no visor	\$ 125.00
	c) Shoes	\$ 70.00
	d) Formal pants	\$ 70.00
	e) Water bottle	\$ 15.00
	f) Apple pencil tip	\$ 10.00
	g) Laptop	\$ 100.00
6.	Repair cost	\$ 4,200.00
7.	Loss of use (14 days @ \$60.00/day)	\$ 840.00
8.	Survey report	\$ 450.00
9.	GIA/ LTA/ROC/ police search fee &/reports	\$ 36.49
10.	Postages, transport and other incidentals	\$ 100.00

In addition, we propose that you contribute a sum of \$2,800.00 and disbursements towards our client's legal costs.

Kindly let us hear from you within eight (08) weeks hereof whether your insured driver admit liability and your agreement on our proposal.

If we do not hear from you on the stipulated time, we have strict instructions to commence legal proceedings without further reference.

Yours faithfully,



cc. Client (FBG 5689U)

CONFIDENTIAL

Our ref: YIS/MR/2020/085
Your ref: DP.sl.11196.20.TIMC+PI

Date: 9th April 2020

Yishun Polyclinic
2 Yishun Avenue 9
Singapore 768898
Tel: 63553000
Fax: 68520950

Daniel Poon & Co.
Advocates & Solicitors
133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413

MEDICAL REPORT ON MAHADHIR BIN AHMAD
NRIC NO: SXXXX040E, 24 YR OLD MALE

The above-mentioned patient visited and was seen in Yishun Polyclinic on the 14th Dec 2019 for review of lab tests with a memo from Changi General Hospital after a road traffic accident on 11th December 2019.

On examination, there was left lateral thigh tenderness with soft tissue swelling. There was normal range of motion in his hips and knee joints. His lab test were done are as shown:
CK 3150 U/L
ALT 88 U/L
AST 64 U/L

He was referred to Khoo Teck Puat Hospital Emergency department in view of the acute rise in the Creatine Kinase levels. They discharged him after intravenous hydration on the same day.

He was again reviewed in Yishun Polyclinic on the 21st December 2019 with a memo to repeat CK levels. Results are as shown:

Sodium	139mmol/L
Potassium	4.6mmol/L
Creatinine	99umol/L
ALT	88U/L
AST	39U/L
Creatinine Kinase	225U/L

Our ref: YIS/MR/2020/085
Your ref: DP.sl.11196.20.TIMC+PI

He was advised to continue hydration and to return one week later for review.
He is on active follow up with Changi General Hospital for his transaminitis.

He was reviewed again on 26th December 2019, and he was feeling better with no complaints of chest pain or breathlessness. He was discharged from follow up and given return advice.

Kindly revert if you have any further queries.

Yours sincerely,



Dr Teo Zhi Han
317 24715

Dr Teo Zhi Han
Family Physician
Yishun Polyclinic
National Healthcare Group Polyclinics



National Healthcare Group

POLYCLINICS

Advancing Family Medicine Transforming Primary Healthcare

GST Reg No.: M9-0004581-Y

Reg No.: 52929305J

MAHADHIR BIN AHMAD
662 YISHUN AVENUE 4
#03-235
SINGAPORE 760662

TAX INVOICE
(Duplicate)

MRN: S9600040E
CLINIC: YISHUN POLYCLINIC
BILL DATE: 24/04/2020 12:23
BILL NO: 0I20153382
TERMS: IMMEDIATE

For payment using PayNow, please refer to note 1 on PAYING YOUR BILLS



SERVICES RENDERED	UNIT	GROSS(\$)	DISCOUNT(\$)	AMT PAYABLE(\$)
REGISTRATION				
Mailing of Results (With Courier)	1	6.00	0.00	6.00
Medical Report Fees (REF:DP.SL.11196.20.TIMC+PI)	1	100.00	0.00	100.00
Total Charges		106.00		
Discount			0.00	
Amount Payable Before Tax				106.00
7% GST				7.42
Amount Payable After Tax				113.42
TOTAL AMOUNT PAYABLE				113.42
PAYMENT BY				
CHEQUE (CHQ NO: DBS 000081) - DANIEL POON & CO.			24/04/2020	113.42
TOTAL DUE AFTER PAYMENT				0.00
ADDITIONAL INFORMATION				

Medicines, goods and services sold are non-refundable and non-exchangeable
^ 3rd party claimable



S9600040E

SERVED BY : KIMBERLEY ZY LIANG
24/04/2020



0I20153382



A Member of the



Daniel Poon & Co.
Advocates & Solicitors
Commissioners for Oaths

Daniel Poon Choon Kow
LL. B. (Hons), LL.M

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpc.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.11196.20.TIMC+PI
Your Ref: -----
Please quote our reference number when replying

Date: 18 MAR 2020

CERTIFICATE OF POSTING

M/S NATIONAL HEALTHCARE GROUP POLYCLINICS
YISHUN POLYCLINIC
2 YISHUN AVENUE 9
SINGAPORE 768898
ATTN: DOCTOR-IN-CHARGE

Dear Sirs,

MAHADHIR BIN AHMAD, NRIC# S 9600040/E
ACCIDENT ON 11 DECEMBER 2019 INVOLVING FBG 5689U AND SHD 3565B
ALONG TPE TOWARDS SLE 3KM

We act for the above named who was involved in the above accident and was treated in your hospital, copies of our client's **Consent letter, Tax invoices and Referral letter** are enclosed for your reference.

We enclose herewith the cheque for the sum \$113.42 (DBS# 000081 dated 17-03-20) made in your favour being payment for the medical report.

We shall be obliged if you could let us have the ...

1

Y



Date

1	7	0	3	2	0
D	D	M	M	Y	Y

****NATIONAL HEALTHCARE GROUP POLYCLINICS****

Pay ****One Hundred And Thirteen And Cents Forty**
Singapore Dollars

Two Only**

DANIEL POON & CO

or Bearer

S\$ ****113.42****

DBS Bank Ltd

Cheque No.

Bank/Branch Code

Account No.

Please sign above this line

CONFIDENTIAL

Your Ref : DP.s1.11196.20.TIMC+PI
Our Ref : 2020-2378-0

24 March 2020

DANIEL POON & CO.
133 NEW BRIDGE ROAD
#11-02 CHINATOWN POINT
SINGAPORE 059413



Dr. Lin Ying Cui Annette
MCR No. 17150F
Senior Resident Physician
Acute & Emergency Care Centre
Khoo Teck Puat Hospital

Dear Sirs,


Through: Head, Acute and Emergency Care Centre, Khoo Teck Puat Hospital,

NAME : MAHADHIR BIN AHMAD
NRIC NO : S9600040E

The above-mentioned patient was seen on 14 December 2019 at the Acute and Emergency Care Centre of Khoo Teck Puat Hospital. He was attended to Dr Cheong Hong Fai and Dr Mao Desmond Renhao.

The patient was a motorcyclist involved in an accident on 11 December 2019. He was admitted to Changi General Hospital after that. He complained of mild left thigh and low back pain. He was referred from polyclinic for abnormally high creatine kinase levels. On examination, patient was ambulating well. Repeat creatine kinase levels after intravenous hydration were 2479 U/L. Patient was discharged with follow up.

Impression: Rhabdomyolysis after a road traffic accident.


Dr Francesca Th'ng
Staff Physician
Acute & Emergency Care Centre
MCR No. 165014F
DR LIN YINGCUI ANNETTE
RESIDENT PHYSICIAN
ACUTE AND EMERGENCY CARE CENTRE
KHOO TECK PUAT HOSPITAL
MCR: 17150F

The above findings are with reference to clinical notes done by Dr Cheong Hong Fai and Dr Mao Desmond Renhao.

Your Ref : DP.s1.11196.20.TIMC+PI
Our Ref : MR22 2020-2378-0
Date : 23 Mar 2020

DANIEL POON & CO.
133 NEW BRIDGE ROAD
#11-02 CHINATOWN POINT
SINGAPORE 059413

ATTENTION:

RE: MEDICAL REPORT FOR MAHADHIR BIN AHMAD (NRIC NO: S9600040E)

We refer to your request dated 20 Mar 2020 for a medical report. The medical report will be forwarded in due course.

For patients who are collecting the report personally, please bring along your NRIC. If patient is authorising someone to collect on his/her behalf, please provide a photocopy of patient's NRIC and an authorisation letter. Please note that Ministry of Manpower Workmen Compensation Report will be forwarded directly to the Ministry.

Thank you.

Health Information Services(MRO)
Khoo Teck Puat Hospital

OFFICIAL RECEIPT

Receipt No. : MRS-74247

GST REG NO.: 200717564-H

Date : 23 Mar 2020

ORIGINAL

SERVICE DESCRIPTION	AMOUNT (\$\$)
ORDINARY MEDICAL REPORT	90.00
MAHADHIR BIN AHMAD S9600040E	
Your Ref : DP.s1.11196.20.TIMC+PI	
Our Ref : MR22 2020-2378-0	
Payment : CHEQUE DBS 000080	

7% GST is included in the amount charged.

Note: Administrative charges of 1/3 of the cost of medical report will be imposed if a cancellation request is made while the medical report is being processed.

For enquiries, please contact Meshach S/O Patras
Tel No: 6602 2477/6602 2477/ Khoo Teck Puat Hospital



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

Daniel Poon Choon Kow
LL. B. (Hons), LLM

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.11196.20.TIMC+PI
Your Ref: -----
Please quote our reference number when replying

Date: 18 MAR 2020

M/S KHOO TECK PUAT HOSPITAL
90 YISHUN CENTRAL
SINGAPORE 768828
ATTN: DOCTOR-IN-CHARGE

CERTIFICATE OF POSSESSION

Dear Sirs,

MAHADHIR BIN AHMAD, NRIC# S 9600040/E
ACCIDENT ON 11 DECEMBER 2019 INVOLVING FBG 5689U AND SHD 3565B
ALONG TPE TOWARDS SLE 3KM

We act for the above named who was involved in the above accident and was treated in your hospital, copies of our client's **Warrant to act, Tax invoices and A&E Visit Summary** are enclosed for your reference.

We enclose herewith our cheque of \$90.00 (DBS# 000080 dated 17-03-20) made in your favour being payment for the medical report.

We shall be obliged if you could let us have the said document
nature of the injury / invasion

Date

1	7	0	3	2	0
D	D	II	M	Y	Y



****KHOO TECK PUAT HOSPITAL****

Pay

Singapore ****Ninety Only****
Dollars

DANIEL POON & CO

or Bearer

XXXX
S\$ ****90.00****

SECURE 30110702 0020

S Bank Ltd

Bank/Branch Code

Account No

Please sign above this line



Changi
General Hospital
SingHealth

Tel: (65) 6788 8833
Fax: (65) 6788 0933
Changi General Hospital
2 Simei Street 3
Singapore 529889
www.cgh.com.sg
Reg No 198904226R

CONFIDENTIAL

DP.sl.11196.20.TIMC+PI
MPL 2020/3585

30 March 2020

CHAIRMAN MEDICAL BOARD
Changi General Hospital
Singapore 529889



**MEDICAL REPORT ON MAHADHIR BIN AHMAD
S9600040E**

Patient was seen on the 11/12/2019 by Dr Muhamad Syamil Bin Rosli at Changi General Hospital. Patient was a motorcyclist involved in a road traffic accident.

On examination, patient was conscious and alert. Injuries sustained:

- abrasion over the right 4th metacarpal phalangeal joint
- abrasion over the right and left palms
- left thigh tenderness, hematoma and abrasions

X-rays of the left femur done was reported as no acute fractures. Patient was admitted to the short stay unit under the blunt trauma protocol.

He was discharged the next day. Impression of the attending doctor was left thigh contusion. Medical leave was issued from the 11/12/2020 till the 17/12/2020.

DR PRAVIN THIRUCHELVAM
Staff Registrar
Accident & Emergency Department

This medical report is put up based on the findings documented by the attending doctor.



Changi
General Hospital
SingHealth

Your Ref : DP.SL.11196.20.TIMC+PI
Our Ref : MPL/2020/0003585
Date : 01 Apr 2020



DANIEL POON & CO
133 NEW BRIDGE ROAD
#11-02 CHINATOWN POINT
SINGAPORE 059413

Dear Sir/Madam

PATIENT'S NAME MAHADHIR BIN AHMAD
HRN XXXXX040E

Enclosed is the completed report on your application for :
LEGAL ORDINARY MEDICAL REPORT (19)

Thank you.

Yours sincerely

NOR ISH SYAFIRAH BINTE SHAFIE
Medical Reports Section

Enc.

This is a computer-generated document. No signature required.



Changi
General Hospital
SingHealth



DANIEL POON & CO
133 NEW BRIDGE ROAD
#11-02 CHINATOWN POINT
SINGAPORE 059413

MR No. : MPL/2020/0003585
Receipt No. : MR/2020/02038
Date : 24-Mar-2020
Reference No. : DP.SL.11196.20.TIMC+PI

OFFICIAL RECEIPT

GST Reg No. : M9-0368910-N

Received From : DANIEL POON & CO	Quantity	Fee (\$\$)	Amount (\$\$)
Patient Name : MAHADHIR BIN AHMAD HRN : XXXXX040E			
LEGAL ORDINARY MEDICAL REPORT (19)	1	110.00	110.00
	Amount Before Tax		102.80
	GST (7%)		7.20
	Total Amount Payable		110.00

Payment Mode	Receipt ID	Cheque/Card No.	Bank	Amount Paid
CHEQUE	MR/2020/02038	000079	DBS	110.00

PLEASE NOTE: The time frame for completion of **Ordinary** medical reports is between 4 to 6 weeks from time of request. **Specialist** medical reports and **Work Injury** compensation cases require a longer processing time as a review at the Specialist outpatient clinic may be required after the patient has been discharged or given an open date for clinic review. Request for **Duplication** of investigation results will be completed within 1 week of receipt at Health Information Management Services (HIMS).

***You are served by

NUR ATHIRAH BINTE SUHAIMI



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

Daniel Poon Choon Kow
LL. B. (Hons), LLM

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.11196.20.TIMC+PI
Your Ref: -----
Please quote our reference number when replying

Date: 18 MAR 2020

CHANGI GENERAL HOSPITAL
2 SIMEI STREET 3
SINGAPORE 529889
ATTN: MEDICAL RECORDS OFFICE

CERTIFICATE OF POSTING

Dear Sirs,

MAHADHIR BIN AHMAD, NRIC# S 9600040/E
ACCIDENT ON 11 DECEMBER 2019 INVOLVING FBG 5689U AND SHD 3565B
ALONG TPE TOWARDS SLE 3KM

We act for the above named who was involved in the above accident and was treated in your hospital, copies of our client's **Warrant to act, Tax invoices and Medical certificate** are enclosed for your reference.

We enclose herewith the cheque for the sum \$110.00 (DBS-# 000079 dated 17-03-20) made in your favour being payment for the medical report.

We shall be obliged if you could let us have the said document stating the type and nature of the injury / injurries sustained by our client.



Date

1	7	0	3	2	0
D	D	M	M	Y	Y

CHANGI GENERAL HOSPITAL

Pay

Singapore**One Hundred And Ten Only**
Dollars

OR BOOKER

S\$ **110.00**

SECURE 30116792 0220

DBS Bank Ltd

DANIEL POON & CO

Cheque No.

Bank/Branch Code

Account No.

Please sign above this line



**Changi
General Hospital**
SingHealth

Billing Enquiries: Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
Tel: 6936 6011 / 6936 6012 / 6936 6013 Email: billing@cgh.com

GST Registration No.: M90368910N

TAX INVOICE

CGH000A

FD

PAGE 1 / 2
20.12.2019 02:59 hrs

Bill To

MAHADHIR BIN AHMAD
662 YISHUN AVENUE 4
#03-235 SINGAPORE 760662

MRN/NRIC : S9600040E
TAX INVOICE NO : 69190790551
CUSTOMER : 3021844344
ADMISSION DATE : 11.12.2019 21:41
DISCHARGE DATE : 12.12.2019 12:22
LOCATION : USSR01 UB01

Name of Patient MAHADHIR BIN AHMAD

Service Description	Amount (\$)	
	Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
SHORT STAY WARD	275.70	63.00
DAILY TREATMENT FEE SSU	147.66	40.00
LABORATORY INVESTIGATIONS	118.50	54.00
DRUGS / PRESCRIPTIONS / INJECTIONS	4.50	2.90
TOTAL CHARGES	546.36	
LESS : GOVERNMENT GRANT	366.46-	
AMOUNT PAYABLE BEFORE TAX		179.90
ADD : 7% GST		12.59
AMOUNT PAYABLE AFTER TAX		192.49
LESS : GST ABSORBED BY THE GOVERNMENT		12.59-
A&E ATTENDANCE FEE		126.00
NET AMOUNT PAYABLE		305.90
PAYMENT		
INTEGRATED NTUC INCOME INCOMESHIELD		0.00
MEDISAVE		305.90-
MAHADHIR BIN AHMAD		0.00
AMOUNT DUE		

"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg>>> FAQ>> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at SSS Bank by cash or credit card, Visa/MasterCard and NETS direct debit at <https://medisave/healthhub.sg/outsidepayments/submit-payment> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.F

Please attach this portion to your cheque payment.
Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

20.12.2019

02:59 hrs

Amount Enclosed: S\$

Cheque No./Bank:

S9600040E MAHADHIR BIN AHMAD

MRN/NRIC : S9600040E
TAX INVOICE NO : 69190790551
ADMISSION DATE : 11.12.2019

Registration No.: M90368910N

To

MAHADHIR BIN AHMAD
662 YISHUN AVENUE 4
#03-235 SINGAPORE 760662

MRN/NRIC : S9600040E
TAX INVOICE NO.: 69190790551
CUSTOMER : 3021844044
ADMISSION DATE : 11.12.2019 21:41
DISCHARGE DATE : 12.12.2019 12:22
LOCATION : USSR01 UB01

ie of Patient

MAHADHIR BIN AHMAD

Service Description

Amount (S\$)

AMOUNT DUE

INTEGRATED NTUC INCOME INCOMESHIELD
MEDISAVE
MAHADHIR BIN AHMAD

0.00
0.00
0.00

FOR INFORMATION:

REF: PMI/FMI/NTU/NTUC R NAC PLAN B
PHC009 CLAIM IS LESS THAN OR EQUAL TO THE DEDUCTIBLE

THERE IS NO PAYMENT

ST: P SN: S9600040E ER: PHC009

MEDISAVE A/C HOLDER

CPF NO.

AMT DEDUCTED

R

MAHADHIR BIN AHMAD

S9600040E

305.90

H

TYPE OF SUPPLY: CASH/CREDIT

FOR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and I to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit www.cpf.gov.sg>> FAQ>> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through at <http://www.cpf.gov.sg> and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, pay directly to the private insurer offering the Integrated Shield Plan. Payment may be made at DBS Bank, or via the Internet at <http://www.cpf.gov.sg> after CareNETS direct debit at <https://eservices.healthhub.sg> using payments singpass or by cheque. Payment may also be made at the Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R14

Please attach this portion to your cheque payment.
Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

20.12.2019

02.59 hrs

Amount Enclosed: S\$

Cheque No./Bank:

S9600040E MAHADHIR BIN AHMAD

BALANCE DUE : S\$ 0.00
MRN/NRIC : S9600040E
TAX INVOICE NO : 69190790551
ADMISSION DATE : 11.12.2019

CGH S9600040E

69190790551

0000000000000000

TAX INVOICE as at 14.12.2019

Admiralty Medical Centre
Khoo Teck Puat Hospital
Yishun Community Hospital

TO: MR. MAHADHIR BIN AHMAD
BLK 662 #03-235
YISHUN AVE 4
SINGAPORE - 760662

Tax Invoice GST REG NO M90370246G

VISIT DATE : 14.12.2019 11:48
LOCATION : KCANEP3

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hospital (UEN 200717564H)**

Case/Invoice No	Invoice Date	Outstanding Amount
5719138155H-00001	14.12.2019	Nil

Patient Name: MAHADHIR BIN AHMAD

Patient ID: S9600040E

Services	Amount(\$)
A&E Facility/Service Fee	244.00
Creatine Kinase (CK)	22.20
FBC	25.20
Liver Panel	85.00
Renal Panel With Glucose	82.00
Less Government Subsidy	-336.40
	<hr/> 122.00 <hr/>
Total Amount Payable	122.00

Total amount payable after GST is \$130.54 .

GST at 7% is absorbed by the Singapore Government: \$8.54

Payer	Adjustment	Payment	Amount Due
MAHADHIR BIN AHMAD	0.00	122.00	0.00

(...TS - 14.12.2019 , RECEIPT #: K003642945)



National Healthcare Group

POLYCLINICS

Advancing Family Medicine Transforming Primary Healthcare

GST Reg No: M29-0004381-Y

Reg No: 529293030

For payment using PayNow, please refer to note 1 on PAYING YOUR BILLS

TAX INVOICE

(Duplicate)

MAHADHIR BIN AHMAD
662 YISHUN AVENUE 4
#03-235
SINGAPORE 760662

MRN: S9600040E
CLINIC: YISHUN POLYCLINIC
VISIT NO: N0119121408352F
VISIT DATE: 14/12/2019 08:23
BILL DATE: 14/12/2019 11:40
BILL NO: 0119507317
TERMS: IMMEDIATE

SERVICES RENDERED	UNIT	GROSS(\$)	SUBSIDY(\$)	AMT PAYABLE(\$)
CONSULTATION				
Consultation	1	0.00	0.00	0.00
Consultation	1	48.10	34.90	13.20
LABORATORY				
Alanine Transferase	1	17.90	1.90	16.00
Aspartate Transaminase	1			
Creatine Kinase	1			
<hr/>				
Total Charges		66.00		
Government Subsidy			36.80	
<hr/>				
Amount Payable Before Tax				29.20
7% GST				2.04
Amount Payable After Tax				31.24
GST absorbed by Government				2.04
<hr/>				
TOTAL AMOUNT PAYABLE				29.20
<hr/>				
PAYMENT BY				
NETS			14/12/2019	29.20
<hr/>				
TOTAL DUE AFTER PAYMENT				0.00

Please note that the Dental Appointment Deposit will be forfeited if you DO NOT:

- Turn up for your appointment
- Reschedule or cancel your appointment 3 working days in advance

Amount paid for packages are not refundable nor transferrable
Medicines, goods and services sold are non-refundable and non-exchangeable

~ Eligible for CHAS Subsidy, + Eligible for MAF/MAF Plus Subsidy

* Indicates this Medical Service is medisave claimable

^ 3rd party claimable

@ Eligible for PG Subsidy

Eligible for MG Subsidy

SERVED BY: ZZ YIS PAYMENT KIOSK USER
14/12/2019



S9600040E



0119507317



A Member of the
National Healthcare Group



National Healthcare Group
POLYCLINICS

Advancing Family Medicine Transforming Primary Healthcare

GST Reg No : M9-0004581-Y

Reg No : 52929303J

For payment using PayNow, please refer
to note 1 on PAYING YOUR BILLS

TAX INVOICE

(Duplicate)

MAHADHIR BIN AHMAD
662 YISHUN AVENUE 4
#03-235
SINGAPORE 760662

MRN: **S9600040E**
CLINIC: YISHUN POLYCLINIC
VISIT NO: N0119122118764A
VISIT DATE: 21/12/2019 07:37
BILL DATE: 21/12/2019 08:55
BILL NO: 0119517152
TERMS: IMMEDIATE

SERVICES RENDERED	UNIT	GROSS(\$)	SUBSIDY(\$)	AMT PAYABLE(\$)
CONSULTATION				
Consultation	1	48.10	34.90	13.20
LABORATORY	5	43.40	20.60	22.80
Alanine Transferase	1			
Aspartate Transaminase	1			
Creatine Kinase	1			
Creatinine	1			
Electrolytes (K NA)	1			
Total Charges		91.50		
Government Subsidy			55.50	
Amount Payable Before Tax				36.00
7% GST				2.52
Amount Payable After Tax				38.52
GST absorbed by Government				2.52
TOTAL AMOUNT PAYABLE				36.00
PAYMENT BY				
NETS			21/12/2019	36.00
TOTAL DUE AFTER PAYMENT				0.00

Please note that the Dental Appointment Deposit will be forfeited if you DO NOT:

- Turn up for your appointment
- Reschedule or cancel your appointment 3 working days in advance

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* Indicates this Medical Service is medisave claimable

^ 3rd party claimable

@ Eligible for PG Subsidy

Eligible for MG Subsidy

SERVED BY : ZZ YIS PAYMENT KIOSK USER
21/12/2019



S9600040E



0119517152



A Member of the



National Healthcare Group

POLYCLINICS

Advancing Family Medicine Transforming Primary Healthcare

GST Reg No.: M3-0004561-Y

Reg No: 529293053

For payment using PayNow, please refer to note 1 on PAYING YOUR BILLS

TAX INVOICE

MAHADHIR BIN AHMAD
662 YISHUN AVENUE 4
#03-235
SINGAPORE 760662

MRN: S9600040E
CLINIC: YISHUN POLYCLINIC
VISIT NO: N0119122623395A
VISIT DATE: 26/12/2019 08:08
BILL DATE: 31/12/2019 10:42
BILL NO: 0119521973
TERMS: IMMEDIATE

SERVICES RENDERED	UNIT	GROSS(\$)	SUBSIDY(\$)	AMT PAYABLE(\$)
CONSULTATION				
Consultation	1	48.10	34.90	13.20
Total Charges		48.10		
Government Subsidy			34.90	
Amount Payable Before Tax				13.20
7% GST				0.92
Amount Payable After Tax				14.12
GST absorbed by Government				0.92
TOTAL AMOUNT PAYABLE				13.20
PAYMENT BY				
CASH			31/12/2019	13.20
TOTAL DUE AFTER PAYMENT				0.00
CASH TAKEN				50.00
CHANGE DUE				36.80

Please note that the Dental Appointment Deposit will be forfeited if you DO NOT:

- Turn up for your appointment
- Reschedule or cancel your appointment 3 working days in advance

Amount paid for packages are not refundable nor transferrable
Medicines, goods and services sold are non-refundable and non-exchangeable

~ Eligible for CHAS Subsidy, + Eligible for MAF/MAF Plus Subsidy

* Indicates this Medical Service is medisave claimable

^ 3rd party claimable

@ Eligible for PG Subsidy

Eligible for MG Subsidy

SERVED BY : CHOI LIN FOONG
31/12/2019
Bill Version 2



A Member



TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

CSCTKL / FB / 02.01.2020 0956 hrs / Page 1 of 1

<p>MAHADHIR BIN AHMAD</p> <p>662 YISHUN AVENUE 4</p> <p>#03-235</p> <p>SINGAPORE 760662</p> <p>Patient : MAHADHIR BIN AHMAD</p>	<p>Tax Invoice Number : 7019205299E0001</p> <p>Bill Ref Number : 7019205299E-0001-01</p> <p>Tax Invoice Date : 02.01.2020 0956 hrs</p> <p>Patient NRIC/HRN : S9600040E</p> <p>Visit Date : 02.01.2020 0932 hrs</p> <p>Visit / Bill Location : CXSCU / CXSCU / OTO</p> <p>Payment Class : SUB - OP (N,3,NO)</p> <p>Type of Supply : Cash/Credit</p>
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SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(\$S)
CONSULTATION AND SERVICES			
	<u>CONSULTATION</u>	Subtotal	92.50
CC2103	CONSULTATION - FIRST VISIT	1	92.50
	Subtotal Charges (before Government Subsidy)		92.50
	Less: Government Subsidy		-55.50
	Subtotal Charges (after Government Subsidy)		37.00
	Total Charges Payable		37.00
AMOUNT PAYABLE BEFORE TAX			37.00
ADD : 7 % GST			2.59
AMOUNT PAYABLE AFTER TAX			39.59
LESS : GST ABSORBED BY THE GOVERNMENT			-2.59
NET AMOUNT PAYABLE			37.00
MAHADHIR BIN AHMAD			37.00
PAYMENT			
MAHADHIR BIN AHMAD	02.01.2020	NETS	37.00
AMOUNT DUE FROM			
MAHADHIR BIN AHMAD			0.00
ST: P S9600040E			
First Consultation - with referral			
*** You are served by TAN KIM LAN ***			

Payment may be made by DBS iBanking, at AXS or NETS self-service station, by ePay via <https://epay.cgh.com.sg> or by Cheque made payable to "CHANGI GENERAL HOSPITAL PTE LTD" & mail to Tampines Central Post Office PO Box 500 Singapore 915217. Payment may also be made at the Patient Service Centre during office hours or at the A&E Registration Counter after office hours. For Billing Enquiries, please call Business Office at tel: 69366011 / 69366012 / 69366013 from Mon to Fri 9.00 am - 5.30 pm (excluding Public Holidays).



Changi
General Hospital
SingHealth

TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

CSCPRM / FB / 18.02.2020 1447 hrs / Page 1 of 2

MAHADHIR BIN AHMAD	Tax Invoice Number : 7019205591I0001
662 YISHUN AVENUE 4	Bill Ref Number : 7019205591I-0001-01
#03-235	Tax Invoice Date : 18.02.2020 1447 hrs
SINGAPORE 760662	Patient NRIC/HRN : S9600040E
Patient : MAHADHIR BIN AHMAD	Visit Date : 18.02.2020 1405 hrs
	Visit / Bill Location : CXSDDC / CXSDDC / GAS
	Payment Class : SUB - OP (N,3,NO)
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SERVICES			
	<u>CONSULTATION</u>	Subtotal	92.50
CC2102	CONSULTATION- FIRST VISIT	1	92.50
	<u>LABORATORY INVESTIGATIONS</u>	Subtotal	79.50
RV0072	HEPATITIS B SURFACE ANTIGEN (QUALITATIVE)	1	29.00
RV0080	HEPATITIS C ANTIBODY	1	50.50
GLAB7013	<u>LIVER PANEL (TP/ALB/TBIL/ALP/ALT/AST/GGT)</u>	Subtotal	98.00
BC0011	ALANINE TRANSAMINASE	1	14.00
BC0012	ALBUMIN	1	14.00
BC0023	ASPARTATE TRANSAMINASE	1	14.00
BC0047	BILIRUBIN TOTAL, SERUM	1	12.00
BC0141	GAMMA-GLUTAMYL TRANSFERASE	1	12.50
BC0265	ALKALINE PHOSPHATASE, SERUM	1	17.00
BC7035	PROTEIN	1	14.50
Subtotal Charges (before Government Subsidy)			270.00
Less: Government Subsidy			-143.50
Subtotal Charges (after Government Subsidy)			126.50
Total Charges Payable			126.50
AMOUNT PAYABLE BEFORE TAX			126.50
ADD : 7 % GST			8.86
AMOUNT PAYABLE AFTER TAX			135.36
LESS : GST ABSORBED BY THE GOVERNMENT			-8.86
NET AMOUNT PAYABLE			126.50
MAHADHIR BIN AHMAD			126.50
PAYMENT			
MAHADHIR BIN AHMAD	18.02.2020	NETS	126.50
AMOUNT DUE FROM MAHADHIR BIN AHMAD			0.00
ST: P S9600040E			
First Consultation - with referral			
*** You are served by PUSHPA RAMACHANDRA M ***			



Changi
General Hospital
SingHealth

TAX INVOICE (Interim)

GST REG NO : M90368910N

CCUNKS / PB / 02.03.2020 1658 hrs / Page 1 of 1

MAHADHIR BIN AHMAD	Tax Invoice Number : 7019205591I0006
662 YISHUN AVENUE 4	Bill Ref Number : 7019205591I-0006-01
#03-235	Tax Invoice Date : 02.03.2020 1658 hrs
SINGAPORE 760662	Patient NRIC/HRN : S9600040E
Patient : MAHADHIR BIN AHMAD	Visit Date : 02.03.2020 1525 hrs
	Visit / Bill Location : CXRAYB / CXRAYB / GAS
	Payment Class : SUB - OP (N,3,NO)
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SERVICES			
	<u>X-RAY INVESTIGATIONS</u>	Subtotal	170.00
XRP824	U/S HBS	1	170.00
	Subtotal Charges (before Government Subsidy)		170.00
	Less: Government Subsidy		-85.00
	Subtotal Charges (after Government Subsidy)		85.00
	Total Charges Payable		85.00
AMOUNT PAYABLE BEFORE TAX			85.00
ADD : 7 % GST			5.95
AMOUNT PAYABLE AFTER TAX			90.95
LESS : GST ABSORBED BY THE GOVERNMENT			-5.95
NET AMOUNT PAYABLE			85.00
CGH-MEDISAVE FOR OUTPATIENT SCANS			85.00
MAHADHIR BIN AHMAD			0.00
PAYMENT			
CGH-MEDISAVE FOR OUTPATIENT SCANS			0.00
MAHADHIR BIN AHMAD			0.00
MSVSCAN	S9600040E		
ST: P S9600040E			
Holder Name	MSV a/c No	MSV Deducted	R
AHMAD BIN SAIED	S1781166E		C
*** You are served by NUR KHALISAH BINTE SAMSON ***			

"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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ORIGINAL

MEDICAL CERTIFICATE

SSU2019245158

Name MAHADHIR BIN AHMAD		NRIC No. S9600040E
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>11-Dec-2019</u> to <u>17-Dec-2019</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>11-Dec-2019</u>	<input type="checkbox"/> Maternity Leave.	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave.	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Observational Medicine Changi General Hospital	Ward No. CGH-SSU Date 12-Dec-2019	Signature, Name (In BLOCK LETTERS) and Designation/MCR No. ARSHAD IQBAL , 627871

A&E Visit Summary (Patient Copy)

MAHADHIR BIN AHMAD
ID: S9600040E
CASE ID: 5719138155H

90 Yishun Central
Singapore 768828
Tel: 65558000 Fax: 66023700
Website: www.ktph.com.sg

Patient Details

Gender	: Male	DOB	: 03/01/1996 (23 years)
Race	: Malay	Citizenship	: Singaporean
Language	: English	Registered	: 14/12/2019 11:48

Consult Start : 14/12/2019 12:31

Consult End : 14/12/2019 15:29

Disposition

Discharge

Referrals

Patient referred to

- Primary Health Care/Polyclinic - 1 week

Diagnosis

Primary Diagnosis : Rhabdomyolysis

Laboratory

Creatine Kinase

Full Blood Count

Liver Panel

Renal Panel with Glucose

Medication

Admin Time Medication Name

14/12/2019

12:55	sodium CHLORIDE 0.9 % - inFUSion	DOSE: 500 mL - Infuse over 30 mins (16.67 mL/min) - IV Continuous
13:17	sodium CHLORIDE 0.9 % - inFUSion	DOSE: 500 mL - Infuse over 30 mins (16.67 mL/min) - IV Continuous
13:44	sodium CHLORIDE 0.9 % - inFUSion	DOSE: 500 mL - Infuse over 30 hour (16.67 mL/hr) - IV Continuous

Procedure(s)

Venous Access, Peripheral

Polyclinic Referral

To : POLYCLINIC

Short Stay Unit (SSU)

TCU Duration : 1 – 6 days; Polyclinic to repeat CK

after 2 days 14/2/19

Thank you for referring the patient to CGH A&E

Date of Visit : 11-Dec-2019 21:41

Name of patient : MAHADHIR BIN AHMAD

NRIC : S9600040E Account Number : 69190790551

Address : Blk 662 #03-235 YISHUN AVENUE 4 Singapore 760662

Telephone : 67540374, 84849937

Date of Birth : 03-Jan-1996 Sex : Male Race : Malay

FINAL DIAGNOSIS : General symptom
Blunt trauma

Referral Remarks

- 1 – 6 days; Polyclinic to repeat CK

Triage Information

Time Of Triage : 11-Dec-2019 19:11 Triage Category : P1
Arrival From : SCDF
Travel History : Yes Travel in the last 21 days? : No
Chief Complaint : RTA. Self skidded sustained LT thigh swelling. NIL Flung/LOC.

Main Complaints

Chief Complaint: 23/M/Malay
NKDA
Studying Mechanical in NTU
Nil long term meds
Nil Asthma

Hist:
presented with RTA at 6pm
motorcyclist was trying to avoid a taxi while changing lane
emergency break, loss balance and fall + skidded under the taxi, says his legs/knees/thighs hit the
rear end of the taxi before his upper body went under the taxi with an intact helmet
no LOC and no ENT bleeding, nil giddiness/nausea & vomiting and nil headache
remembers the events clearly
however was stuck under the taxi for about 2 minutes as the helmet was stuck
bystander help lift up the taxi rear end and able to bring the patient out from under the taxi
denies neck pain/numbness & weakness of ULs & LLs
Has pain over left mid-lower thigh, lower back and right hand
Nil BoV

Arshad Iqbal
Doctor
dr62787i

Accident & Emergency

Attending Doctor's Name

Doctor's Signature



Changi
General Hospital

SingHealth

Polyclinic Referral

Date of Visit : 11-Dec-2019 21:41
Name of patient : MAHADHIR BIN AHMAD
NRIC : S9600040E Account Number : 69190790551
Address : Blk 662 #03-235 YISHUN AVENUE 4 Singapore 760662
Telephone : 67540374, 84849937
Date of Birth : 03-Jan-1996 Sex : Male Race : Malay

Physical Examination

Physical Exam 1:

alert, GCS 15
noted abrasion over the right and left palms
right hypothenar 0.1cmx0.2cm and left medial thenar 0.2cmx0.1cm
no bony tenderness over wrist/metacarpals and fingers
small 0.5 cm abrasion over the right 4th MCPJ, nil underlying bony tenderness
no snuffbox tenderness b/l
ROM of wrists b/l-Full but has some pain over right wrist on RoM with no bony tenderness though

power full in all limbs except the left LL due to pain

hip compression and chest compression negative
neck no midline tenderness, ROM-Full and nil pain on ROM of Neck
left thigh mid to distal tenderness with mild swelling and superficial abrasions over the lateral aspect,
unable to bend the left knee due to pain of the left thigh
Left knee/leg/ankle/foot-Not tender
DP/TP felt well b/l
Sensations below thigh in left LL-same as right side
Abrasions seen below both knees
ROM at ankles b/l-Full
Right LL ROM-Full, not painful, nil bony tenderness
Log roll:
Nil bony tenderness over posterior ribs/scapula/thoraco-lumbar spine, nil step felt
DRE: anal tone intact. no saddle anesthesia

Unable to walk/weight bear currently due to left LL pain

Doctor's Notes

Arshad Iqbal
Doctor
dr62787i

Accident & Emergency

Attending Doctor's Name



Doctor's Signature