

# NATIONAL Assessment Centre Services

SNO 9215 0003-01

Date In: 24/5/21 13:20	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2100 6075/V	SAS e-filing		
Veh No: GBK 8217S	E-mail (within 2hrs, AP 2hrs)		
D.O.A: 21/5/21 12:40	i-Motor Claim Form		
OD (IP) Reporting Only	i-Motor W/O (Within 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: PC 69511K	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

NA2102 965

## Invoice Preparation Checklist

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charge:	
	Invoice dated	Fee Charge:	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	24/05/2021 13:20 (SGT)
Date of Accident	21/05/2021 12:40 (SGT)
Exact Location of Accident	1017 Yishun Industrial Park A, Singapore 768759
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8257S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PROFLOORZ INTERNATIONAL PTE. LTD.
Company Reg No	-
Email Address	JOHN.PYJ@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96396550
Alternative Phone No	+65-96396550

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00123152000
Cover Note Number	-

#### DRIVER

Name of Driver	PURRI HARHEE
Work Permit No	GXXXX319K

Date Of Birth	03/08/1983
Occupation	Outdoor
Date Of Driving Pass	12/10/2015
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92321033
Alt. Phone Number	-
Email Address	JOHN.PYJ@HOTMAIL.COM
Address	9 JALAN MATA AYER #02-49
Address complement	-
Postcode	759153
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6951K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	PURRI HARHEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	GBK8257S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	GBK8257S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of Accident : 21/05/2021 Accident Time: 1240HRS (24-HR-Format)  
 Accident Place : 1017 YISHUN INDUSTRIAL PARK A  
 Vehicle No. (Car Plate No.) : GBK8267S Make/Model: NV200 NISSAN  
 Insurance Company : CHINA TAIPING Policy No: DMCVSNW00123152444  
 Owner or Company Name / IC No. : PROFLOORZ INTERNATIONAL PTE LTD 201219997W  
 Owner or Company Contact No. : 9639 6550 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : PURRI HARHEE G3147319K  
 DRIVER'S Date Of Birth : 03/08/1983 DRIVER'S License Pass Date 12/10/2018  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 9 JALAN MATA AYER #02-449  
 DRIVER'S Contact No./ Alt No. : 1) 9232 1033 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : JOHN.PYJ@HOTMAIL.COM  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): PURRI HARHEE / BALASUBRAMANIAN SATHISH KUMAR

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>PC6951K</u>	Vehicle. No: _____
Vehicle Make \ Model: _____	Vehicle Make \ Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* **NEW – Passenger's name & gender:**

MALE : BALASUBRAMANIAN SATHISH KUMAR

913

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SN0921500003 Vehicle Registration No: GBK8257S  
Name(as shown in NRIC) : Purri Harhee NRIC/FIN/Passport No : 677773191  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 2/15/21 Time of Accident : 12:40  
Place of Accident : 1017 Yishun Industrial park A  
Insurance Company: China Taiping

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change plate number to GBK8257S  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

### Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION. I WAS TRAVELING  
ON MY RIGHTFUL LANE. WHILE I WAS MOVING FORWARD. OUT OF A  
SUDDEN. VEHICLE "B" CAME OUT OF A GIVE WAY / STOP LINE SMALL ROAD  
AND IT COLLIDED ONTO MY REAR RIGHT PORTION. WE EXCHANGE DETAILS  
AND MOVE ON. AFTER AWHILE, I (PURRI HARHEE) DRIVER AND  
BALASUBRAMANIAN SATHISH KUMAR (PASSENGER) FELT PAIN ON OUR NECK,  
SHOULDER AND BACK AREA. WE WENT TO CONSULT OUR FAMILY  
CLINIC AND WAS GIVEN 24 DAYS MC.

### Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

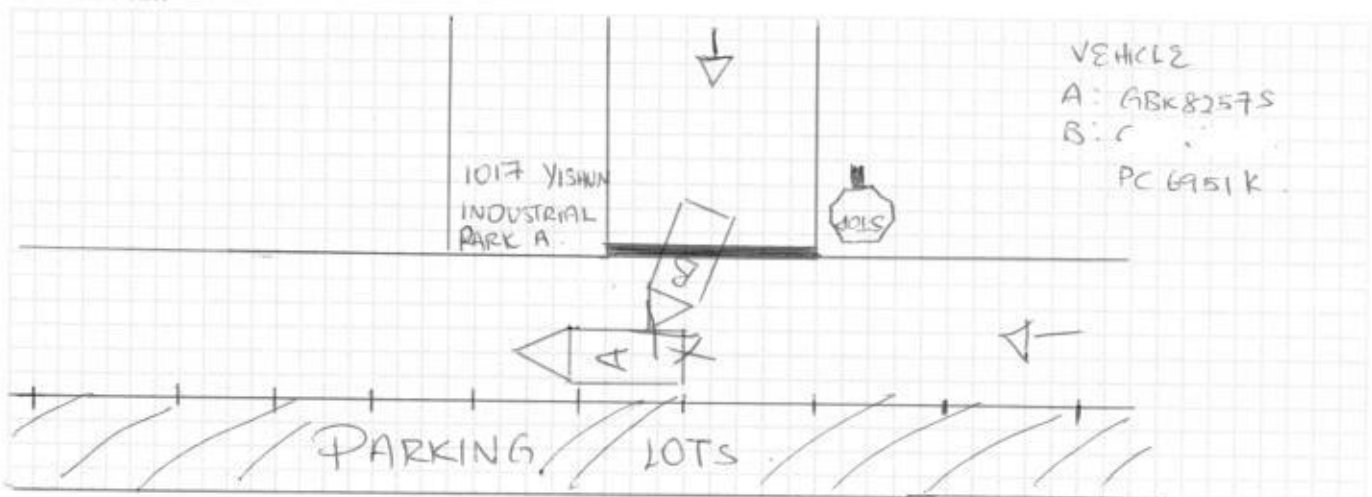


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan





Motor Commercial

MZ300/C

N SN

AN0597A

Cov. Type: C

**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00123152000

Engine No.: HR16177530D

Cha. No.: VM20161873

1. Index Mark and Registration  
Number of Vehicle

GBK6257S

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

PROFLOORZ INTERNATIONAL PTE. LTD.

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment11/12/2020  
(00:00:00)Excess Sect I. S\$450.00  
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

10/12/2021

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC PTE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABS INSURANCE AGENCY PTE LTD  
Authorised Officer  
Authorised Signatory



# SINGAPORE POLICE FORCE



T/20210521/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210521/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/05/2021 17:27	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: PURRI HARHEE			Address:	
ID Type / ID No.: FIN NO / G3147319K			Contact No.: Home/Office:	Mobile: 82384944
Nationality: INDIAN			Email: HPURRI@GMAIL.COM	
Sex: Male	Age: 37	Date of Birth: 03/08/1983	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: SOFTWARE DEVELOPER			Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2021 12:40	Type of Location: Straight Road
Location:  YISHUN INDUSTRIAL PARK A				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK8257S	Van	NISSAN	NV200	Silver	Seriously Damaged	2
PC6951K	Van	TOYOTA	HIACE			0



**SINGAPORE  
POLICE FORCE**



T/20210521/7021

3 of 3

Report No. T/20210521/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/05/2021 17:27

Classification Of Case:



# SINGAPORE POLICE FORCE



T/20210521/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210521/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/05/2021 17:35	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: BALASUBRAMANIAN SATHISH KUMAR			Address:		
ID Type / ID No.: FIN NO / G0961264K			Contact No.: Home/Office:		Mobile: 92332608
Nationality: INDIAN			Email: SATHISHBALA@OUTLOOK.SG		
Sex: Male	Age: 31	Date of Birth: 07/03/1990	Type of Informant: Passenger		
Race: Indian			Language: English	Institution / School Name:	
Occupation: SENIOR BUSINESS DEVELOPMENT ENGINEER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2021 12:40	Type of Location: Straight Road
Location:  YISHUN INDUSTRIAL PARK A				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK8257S	Van	NISSAN	NV200	Silver	Seriously Damaged	2
PC6951K	Van	TOYOTA	HI ACE			0



**SINGAPORE  
POLICE FORCE**



T/20210521/7023

3 of 3

Report No. T/20210521/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/05/2021 17:35

Classification Of Case:

**INTEMEDICAL KOVAN**

210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

**INTEMEDICAL****MEDICAL CERTIFICATE**

MC No: OD-  
KV0000105306

NAME: BALASUBRAMANIAN SATHISH  
KUMAR

NRIC: G0961264K

This is to certify that the above patient name is Unfit for Duty for a period of 4  
day

from 21-05-2021 to 24-05-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial  
proceedings.

DR ANG DUN YONG (Family Physician)  
MBBS, (S'pore), GDFM, DWD (CAW)

MCR 60984F  
INTEMEDICAL KOVAN  
210 HOUGANG ST 21 #01-233  
SINGAPORE 530210  
TEL: (65) 6243 3036 FAX: (65) 6243 3103  
EMAIL: contact.kovan@intemedical.com

Ang Dun Yong

M60984F

MBBS, GDFM, DWD (CAW)  
Family Physician

Signature

21/05/2021  
Date

**INTEMEDICAL**

INTEMEDICAL KOVAN  
210 Hougang St21 #01-233  
Singapore 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

Provider: Ang Dun Yong

TAX INVOICE  
Invoice No. NV-KV028699  
Invoice Date: 21/05/2021

BALASUBRAMANIAN SATHISH KUMAR (GXXXX264K)  
151 SIMEI STREET 1, #05-27, SINGAPORE, 520151

Ref ID: KV16279

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREX)	20	TABS	0.40		8.00
ETORICOXIB TAB 120MG	10	TABS	3.00		30.00
CONSULTATION	1	EA	18.00		18.00

Subtotal : \$56.00  
7% GST : \$3.92  
Total : \$59.92  
Amount Paid : \$59.90  
Rounding : \$0.02  
O/S Balance : \$0.00

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-KV030758	21/05/2021	\$9.90		*TSA/MASTER	

All cheques should be crossed & made payable to  
"KTR MEDICAL PTE. LTD."

For Safety reason medication sold are non refundable and non exchangeable



**INTEMEDICAL KOVAN**  
210 Hougang St21 #01-233  
Singapore 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

**INTEMEDICAL**

Provider: Ang Dun Yong

**TAX INVOICE**  
Invoice No. NV-KV028698  
Invoice Date: 21/05/2021

PURRI HARHEE (GXXXX319K)

Ref ID :KV16278

9 JALAN MATA AYER, #02-49, EUPHONY GARDENS, SINGAPORE, 759153

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREX)	20	TABS	0.40		8.00
ETORICOXIB TAB 120MG	10	TABS	3.00		30.00
CONSULTATION	1	EA	18.00		18.00

Subtotal :	\$56.00
7% GST :	\$3.92
Total :	\$59.92
Amount Paid :	\$59.90
Rounding :	\$0.02
O/S Balance :	\$0.00

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-KV030757	21/05/2021	59.90	VISA/MASTER		

All cheques should be crossed & made payable to  
"KTR MEDICAL PTE. LTD."

**For Safety reason medication sold are non refundable and non exchangeable**



**INTEMEDICAL KOVAN**  
210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

**INTEMEDICAL**

**MEDICAL CERTIFICATE** MC No: OD-KV0000105303  
**NAME: PURRI HARHEE** NRIC: G3147319K

This is to certify that the above patient name is Unfit for Duty for a period of 4 day  
from 21-05-2021 to 24-05-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

**DR ANG DUN YONG** (Family Physician)  
MBBS. (S'pore), GDFM, DWD (CAW)  
MCR 60984F  
INTEMEDICAL KOVAN  
210 HOUGANG ST 21 #01-233  
SINGAPORE 530210  
TEL: (65) 6243 3036 FAX: (65) 6243 3133  
EMAIL: contact.kovan@intemedical.com

**Ang Dun Yong** 21/05/2021  
M60984F  
MBBS, GDFM, DWD (CAW)  
Family Physician  
Signature Date