

List of Disbursements

Our ref: BSA 9983. mc

1. LTA Search Fees	\$ 7.49
2. Traffic Police Search & Documents fees	\$ 30.00
3. Medical report fees	\$ 88.00
4. Survey report fees	\$ 394.00
5. Depatch/Transport charges	\$ 30.00
6. Photocopy, postage, telephone, facsimile & other incidentals	\$ 80.00
Total	<u>\$ 629.49</u>



**SINGAPORE
POLICE FORCE**



1/20210121/2021

Police Station Of Origin
Rochor N.P.C.
11 Kampong Kapor Road SINGAPORE
208678
Tel No. 1800-2949999

1 of 3

Report No. T/2021/121/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 27/01/2021 15:57	Video Report No.	Station Diary No. 106
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Informant's Particulars

Name of Informant SALISTER RAJAPAN		Address 200 Jalan Sultan #03-03 Textile Center SINGAPORE 199018	
ID Type / ID No. FIN NO / G6686183Q		Contact No. Home/Office: Mobile: 89501763	
Nationality MALAYSIAN		Email	
Sex Male	Age 48	Date of Birth 27/10/1972	Type of Informant Rider
Race Indian		Language English	Institution / School Name
Occupation Security		Driving Licence Information Class: Date of Expiry:	

General Information of the Accident

Type of Accident	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident 22/01/2021 08:20	Type of Location Straight Road
Location AYER RAJAH EXPRESSWAY				
Weather Clear	Road Surface Dry		Road Speed Limit	
Traffic Flow One Way	Traffic Control Not Controlled		Traffic Volume Moderate	
Type of Collision Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MCM4544	Motorcycle	HONDA		Blue	Seriously Damaged	0
SLR8362R	Car	HONDA		Gold		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



1/20210123/2035

A 14 3

Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapor Road SINGAPORE
208578
Tel No. 1800 2940020

Report No. 1/20210123/2035

CONTINUATION OF REPORT

Info			
Name	SALISTER RAJAPAN	ID No.	G6655153Q
Related Vehicle	MCM4544 (Motorcycle)	Contact No	89501759
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class. Nil. Date of Expiry Nil.
Date Treatment	22/01/2021	Date Discharge	23/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

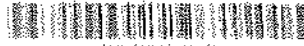
Brief Details

Vide to the traffic accident report : T/20210123/2035

I wish to add in my address and the vehicle plate number for the other party (SLR8362R). That is all.



**SINGAPORE
POLICE FORCE**



Police Station Of Origin
Rochor N.P.C.
11 Kampong Kapur Road SINGAPORE,
200678
Tel No: 1800 294 0000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report

A/
Sgt 2 MOHAMED RAFHAN BIN MOHAMED
ABDUL KADER

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

23/01/2021 12.35

Officer In Charge Of Case:

TP / GIT /
Sgt 1 NUR ADELINA BINTE MOHAMMAD
FLAT

Classification Of Case:

Contact No: 65475086

Authentication Stamp

SP-106



SINGAPORE POLICE FORCE



T/20210122/2169

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

1 of 3

Report No. T/20210122/2169

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Suriati Buang
Traffic Police
Date: 24 FEB 2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2021 23:23		Vide Report No.: J/20210122/0077		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: LEE GEOK LI			Address: APT BLK 442 FAJAR ROAD #09-486 SINGAPORE 670442		
ID Type / ID No.: NRIC NO / S1806597E			Contact No.: Home/Office: Mobile: 96771918		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 27/09/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/01/2021 08:20	Type of Location: Straight Road
Location: JALAN AHMAD IBRAHIM				
Lamp Post Number: 409				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MCN4544	Motorcycle					0
SLR8362R	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Gold		1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.



T/20210122/2169

Suriati Buang
Traffic Police

Date: 24 FEB 2021

2 of 3

Report No. T/20210122/2169

CONTINUATION OF REPORT

Rider			
Name	MALE INDIAN	ID No.	NIL
Related Vehicle	MCN4544 (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LEE GEOK LI	ID No.	S1806597E
Related Vehicle	SLR8362R (Car)	Contact No.	96771918
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22nd January 2021, at about 0820hrs, I was driving along Jalan Ahmad Ibrahim towards Tuas Checkpoint direction. Later, I was driving along the slip-road towards AYE when I later spotted a motorbike, bearing V1) MCN4544, on the extreme left lane of AYE. I tried to apply the brake however could not stop in time and slightly grazed V1's front left side of the tire. V1 and the rider later fell down on the road. I then called for Ambulance as he informed he suffer injuries. From my observation, he suffers minor laceration.

Ambulance and Traffic Police later came and the rider was conveyed to hospital. There is an in-car camera in my vehicle and the SD card have been handed over to the Traffic Police officer. I was then advised to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20210122/2169

3 of 3

Report No. T/20210122/2169

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

.....
Suriati Buang
Traffic Police

Date: 24 FEB 2021

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
J /
Sr Staff Sgt MOHAMMAD SUFIAN BIN WAHID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No.: 65476066

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/01/2021 23:23

Classification Of Case:



**Ng Teng Fong
General Hospital**

Your Ref : BSA. 9983. mc
Our Ref : 215224

03 February 2021

**BSA LAW CHAMBERS LLC
ADVOCATES & SOLICITORS
133 NEW BRIDGE ROAD
#10-04 CHINATOWN POINT
SINGAPORE 059413**

Dear Sir / Mdm,

On behalf of Head, Emergency Medicine Department, Ng Teng Fong General Hospital

Name : **Salister Raiapan**
NRIC No. : **G6686183Q**

The abovementioned patient was seen at 1005hrs on 22/01/2021 at the Emergency Medicine Department. He was attended to by Dr Joan Chin.

Mr Raiapan presented to the Emergency Department following a road traffic accident. According to Mr Raiapan, he was riding his motorcycle when it got involved in a collision with another car, causing him to fall to his left side.

On examination, there were two 1cm abrasions seen on the right cheek with slight swelling. There was some tenderness over the right upper incisor. There was tenderness over the lateral side of the left wrist with associated swelling. There was a 3cm abrasion seen over the left hip greater trochanter, a 1cm abrasion over the left shin, and a 5mm abrasion over the lateral side of the left foot.

X-rays of the left wrist showed a cortical step along the radial styloid and suggestion of cortical step in the articular surface of the radius in the AP view. A longitudinal lucent line was observed in the distal radius. These findings were consistent with a distal radius fracture.

X-rays of the facial bones did not show any fracture.

In summary, the list of injuries sustained from the incident includes a left distal radius fracture, facial contusion, and abrasions over the right cheek, left hip, left shin and left foot.

Mr Raiapan was subsequently discharged from the emergency department with 14 days of medical leave, a left upper limb backslab, appropriate analgesia, and a follow up appoint with the hand surgery clinic.

**DR LIM ZHE YEE SAMUEL
MEDICAL OFFICER
EMERGENCY MEDICINE DEPARTMENT
NG TENG FONG GENERAL HOSPITAL
MCR: M64260F**



**Ng Teng Fong
General Hospital**

Your Ref : BSA.9983.mc
Our Ref : 215224

Date : 1/2/21

BSA LAW CHAMBERS LLC
133 NEW BRIDGE ROAD
#10-04 CHINATOWN POINT
Singapore 059413

RE: MEDICAL REPORT FOR SALISTER RAIAPAN (NRIC NO: XXXXX183Q)

We refer to your request dated 1/2/2021 for a Ordinary Medical Report. The medical report will be forwarded in due course.

For enquiries, please contact the undersigned at 6716 6758.

Thank you.

Yours faithfully

Nur Shahirah Binte Md Said
Medical Records Office
Ng Teng Fong General Hospital and Jurong Community Hospital

This is a computer generated letter and no signature is required.

OFFICIAL RECEIPT

GST REG NO. : 200910555Z

Receipt No. : 215224
Date : 1/2/2021

SERVICE DESCRIPTION	AMOUNT (S\$)
ORDINARY MEDICAL REPORT	88.00
SALISTER RAIAPAN (NRIC NO: XXXXX183Q)	
Your Ref : BSA.9983.mc	
Our Ref : 215224	
Payment : Cheque MAYBANK 002730	

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.

Ng Teng Fong General Hospital
1 Jurong East Street 21, Singapore 609606 | UEN: 53144825L
Tel: (65) 6716 2000 Fax: (65) 6716 5500 www.ntfgh.com.sg

MEMBERS OF THE NATIONAL UNIVERSITY HEALTH SYSTEM

National University Hospital • Ng Teng Fong General Hospital • Alexandra Hospital • Jurong Community Hospital • National University Polyclinics
• National University Cancer Institute, Singapore • National University Heart Centre, Singapore • National University Centre for Oral Health, Singapore
• NUS Yong Loo Lin School of Medicine • NUS Alice Lee Centre for Nursing Studies • NUS Faculty of Dentistry • NUS Saw Swee Hock School of Public Health

BSA9983

SAN TEE AUTO PTE LTD

BLK 1019 #01-388 YISHUN INDUSTRIAL PARK A SINGAPORE 768761

TEL: (65)67538276 FAX: (65)67592034 H/P: (65)97232449

EMAIL: santeeauto@singnet.com.sg

TO : SALISTER A/L RAHMAN
17804 JALAN 3A
ASIA SELATAN TAMAN ASIA SELATAN
770090JASIN MELAKA

INVOICE NO: 27244

RE : VEHICLE NO. MCM4544
YAMAHA LC135

DATE : 17-May-21

QTY	DESCRIPTION	AMOUNT
		\$
1	TOTAL LUMP SUM REPAIR COST AS PER SURVEYOR	300.00
2	LOSS OF USE 1 DAY	
TOTAL		\$300.00

ISSUED BY :



CHEQUE'S SHOULD BE MADE PAYABLE TO "SAN TEE AUTO PTE LTD "

SAN TEE AUTO PTE LTD

Blk 1019 Yishun Industrial Park A
#01-388 Singapore 768761
Tel: (65) 6753 8276 Fax:(65) 6759 2034

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189

Email: mirage1195@gmail.com, Mobile: 9061 0543

ACCIDENT VEHICLE INSPECTION REPORT

Report no : 57M0221.STA

Vehicle no : MCM4544

1 REFERENCE

Date of inspection : 11 February 2021
Requested by : Salister A/L Raiapan
J7804 Jalan 3A
Asia Selatan Taman Asia Selatan
77000 Jasin Melaka
Type of survey : Independent
Repairer : San Tee Auto Pte Ltd
Blk 1019 Yishun Ind. Pk A, #01-388, Singapore 768716
Date of accident : 22 January 2021

2 VEHICLE DATA

Make/model : Yamaha LC135
Chassis no : PMYU00410E0215953
Engine no : G399E-215953
Date of registration : 27 March 2014
Engine capacity : 135 cc
Colour : Black
Odometer reading : 39786 km

3 STATIC CONDITION CHECK

Steering : Affected
Foot brakes : Serviceable
Hand brakes : Serviceable
Paintwork : Fair
General Condition : Good

4 TIRE CONDITION CHECK mm/MAKE

	mm/MAKE	SIZE
Front tread	: 5 mm/Maxxis	70/90-17
Rear tread	: 5 mm/Maxxis	80/90-17

5 BRIEF DESCRIPTION OF DAMAGE

Gear pedal bent, brake lever abraded, mirrors broken, footrest step rubber pad missing/torn, front forks misaligned, etc. Please see para. 8 of this report for more details.

6 REMARKS

This inspection is carried out on a "WITHOUT PREJUDICE" basis and I have not authorized any repairs.

7 RECOMMENDATION

Cost of repairs : \$300.00 (lump sum)
Estimated no of days : One (1)

8 ASSESSMENT OF DAMAGE AND COSTS

Report no: 57M0221.STA

Vehicle no: MCM4544

A SPARE PARTS

Description	Qty	Assessed Condition	Repairer's Amount	Revised Amount
Mirror set	1	broken	58.00	58.00
Gear pedal	1	bent	39.00	39.00
Brake lever	1	abraded	18.00	18.00
Footrest step rubber pad set	1	LH missing, RH torn	28.00	28.00
Subtotal of the above			143.00	143.00
Discount			10% / 10%	14.30
Total cost of parts:			128.70	128.70

B LABOUR

Towing fee (2 trips).	70.00	60.00
Labour charges to remove and damaged parts and to re-align forks.	150.00	100.00
To check wiring and lighting for condition.	30.00	20.00
Total cost of labour:	250.00	180.00
Total cost of repair:	378.70	308.70

9 CONCLUSION

The revised or adjusted cost of repairs to restore the vehicle is \$308.70

(a) The recommended cost of repair based on lump sum basis would be \$300.00

(b) The estimated number of days for the repairs would be One (1)
(Post Repair Inspection conducted on 17 March 2021)

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its pre-accident condition.

Note: Lump Sum Repair Basis

This means the repairer is allowed to replace the damaged parts with used, reconditioned or new parts, or repair it to a roadworthy condition.

Yours faithfully

Liaw Leong San
Licensed Automotive Appraiser

Dated: 18 May 2021

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189

Email: mirage1195@gmail.com, Mobile: 9061 0543

Salister A/L Raiapan
J7804 Jalan 3A
Asia Selatan Taman Asia Selatan
77000 Jasin Melaka

Invoice no:	POS057/21
Date:	18 May 2021
Report no:	57M0221.STA
Vehicle :	MCM4544

INVOICE

No	Item Description	Qty	Unit Price	Total Amount(\$)
01	Being charges for the inspection of the accident vehicle, transport and photographs.			394.00
SGD(\$): Three Hundred and Ninety-four only			Payable Amount:	394.00

"Cheque should be crossed and made payable to "Pro-Option Services"

PRO-OPTION SERVICES



.....
Authorised Signature

Report no: 57M0221.STA
Vehicle no: MCM4544



Report no: 57M0221.STA
Vehicle no: MCM4544



Report no: 57M0221.STA

Vehicle no: MCM4544



Report no: 57M0221.STA

Vehicle no: MCM4544



Report no: 57M0221.STA
Vehicle no: MCM4544



Report no: 57M0221.STA

Plate no: MCM4544



Report no: 57M0221.STA
Vehicle no: MCM4544



Report no: 57M0221.STA
Vehicle no: MCM4544



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Vehicle no: MCM4544



Report no: 57M0221.STA
Vehicle no: MCM4544





POST REPAIR

Report no: 57M0221.STA

Vehicle no: MCM4544



POST REPAIR

Report no: 57M0221.STA

Vehicle no: MCM4544

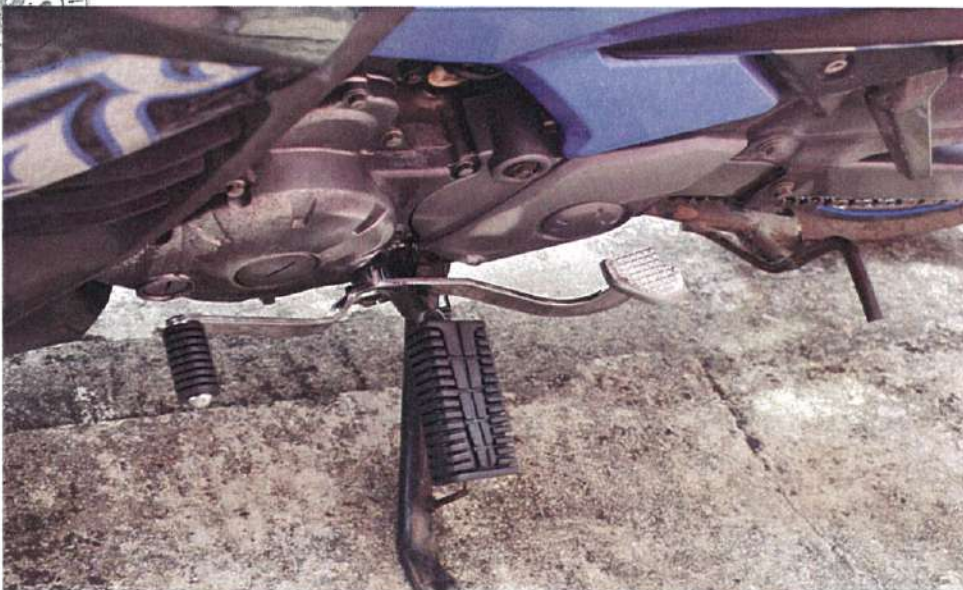




POST REPAIR

Report no: 57M0221.STA

Vehicle no: MCM4544



POST REPAIR

Report no: 57M0221.STA

Vehicle no: MCM4544



BSA LAW CHAMBERS LLC

Advocates & Solicitors

133 New Bridge Road
#10-04 Chinatown Point
Singapore 059413

Your Ref : Your insured vehicle no. SLR 8362R

Tel : 6236 2001

Our Ref : BSA. 9983. mc

Fax : 6532 0412

Date : 10 February 2021

Email : bala@bsalaw.com.sg

UEN Regn No: 201502330R

Secretary's DID: 6435 0020 (Alice)
6435 0019 (Mavis)

BY FAX No. 6224 4174 & EMAIL

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street #05-00 IOB Building

Singapore 049711

Motor Claims Department

Dear Sir,

NOTICE OF ACCIDENT

YOUR INSURED VEHICLE REGISTRATION NO: SLR 8362R

**ACCIDENT ON 22.01.2021 AT ABOUT 0820HRS INVOLVING MCM 4544 & SLR 8362R
ALONG AYER RAJAH EXPRESSWAY**

We are informed by the repairers of vehicle registration no. MCM 4544 to notify you of the captioned road traffic accident.

Please note that State Court Practice Directions Amendment 1 of 2016 applies to this case. A copy of the accident statement / police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,



BALASUBRAMANIAM

Enc

cc **San Tee Auto Pte Ltd**
Email: santeeauto@singnet.com
Vehicle No. MCM 4544

Enquire Vehicle's Insurance Particulars (As At 22 Jan 2021 / 08:20:00)

Vehicle No.:

SLR8362R

Make Description/Model:

HONDA / VEZEL HYBRID 1.5X AUTO

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20210126164438613996

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle Owner Details (As At 22 Jan 2021 / 08:20:00)

Vehicle Owner Details

Owner ID Type:

Owner ID:

Company

201617200G

Owner Name:

Registered Address Type:

GRAB RENTALS PTE. LTD.

Private Residential (Condo Apt or House) /
Shopping / Office Complexes

Registered Block/House No.:

Registered Street Name:

6

BATTERY ROAD

Registered Unit No.:

Registered Building Name:

38 - 04

-

Registered Postal Code:

049909

Vehicle Insurance Details

Vehicle No.:

Make Description/Model:

SLR8362R

HONDA / VEZEL HYBRID 1.5X AUTO

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD

Insurance Company Name:

INDIA INT'L INS PTE LTD

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	26 Jan 2021 / 16:44:38		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SLR8362R		
Transaction Type:	18.19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	External Agency
User ID:	EBSAWB00 - WAHIDAH BEGUM	Business Transaction Reference No.:	20210126164438613996

As at Date of Search: 22 Jan 2021

As at Time: 08:20:00

Vehicle No.: SLR8362R

Search Reason: -

Date of Filing: -

Suit No.: -

Law Firm Case No.: -

Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)

BSA 9983



**SINGAPORE
POLICE FORCE**

PAYMENT

TAX INVOICE

Invoice No : SPF2021022301000518 Date/Time: 23/02/2021 17:47:15

Application Paid Via: Visa
GST Reference No: MG-8400000-5

Transaction Ref No: TP000140202

	Service Type	Service Fee	eService Reference No	Unit Price (S\$)	GST (S\$)	Qty	Amount (S\$)
1	Police Document	Document Fee	0050000002369999	16.00	0.00	1	16.00
Total (S\$)							16.00

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

Please print a copy of the invoice for your reference.

A FORCE FOR THE NATION



**SINGAPORE
POLICE FORCE**

PAYMENT

TAX INVOICE

Invoice No :

SPF2021021601000596

Date/Time:

16/02/2021 17:03:49

Application Paid Via:

Visa

GST Reference No:

MG-8400000-5

Transaction Ref No:

TP000140202

	Service Type	Service Fee	eService Reference No	Unit Price (S\$)	GST (S\$)	Qty	Amount (S\$)
1	Police Document	Search Fee	0050000002368930	14.00	0.00	1	14.00
Total (S\$)							14.00

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

Please print a copy of the Invoice for your reference.

A FORCE FOR THE NATION

Medical Expenses

No.	Date	Hospital	Amount(\$)
1	25.01.2021	Ng Teng Fong Hospital	133.99
2	27.01.2021	Ng Teng Fong Hospital	112.46
3	12.03.2021	Ng Teng Fong Hospital	22.04
4	17.05.2021	Ng Teng Fong Hospital	118.13
Total			386.62

Medical Certificate

No.	Date/ Period	Hospital	No. of days
1	22.01.2021 to 04.02.2021	Ng Teng Fong Hospital	14
2	05.02.2021 to 12.03.2021	Ng Teng Fong Hospital	36
3	12.03.2021 to 18.03.2021	Ng Teng Fong Hospital	7 (Overlapping 1 day)
Total			56



TAX INVOICE
(Duplicate)

TO:

MR. SALISTER RAIAPAN
BLK 200 #03-03
JALAN SULTAN
C/O GLOBAL MAX SECURITY AND CONSULTANTS
SINGAPORE 199018

MRN/NRIC : XXXXX183Q
BILL NO : 15143972A
BILL DATE : 25.01.2021
VISIT DATE : 22.01.2021
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : 200910555Z

PATIENT NAME: SALISTER RAIAPAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9219718364B Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	240.00
XR Facial Bones PA OM & Lateral	71.50
XR Wrist Joint AP & Lateral Left	42.90
Chlorhexidine 0.05% Sachet 25ML	10.71
Chlorhexidine 1% CR 15G	1.70
Tetanus Toxoid Vac (Single Dose)0.5ML(F)	17.14
Backslab For Upper Limbs	88.00
Wound Care (Simple)	25.30
Paracetamol 500MG/Codeine Phosp.8MG Tabs	3.60
LL Universal Sling (Lifeplus)	9.71
Total Charges	510.56
Less: Government Subsidy	377.25-
Add: 7% GST	9.33
Less: GST Absorbed	8.65-
Amount Payable	133.99

Payer(s) Summary

<u>Payable By</u>	<u>Payable Amt</u> (\$)	<u>Payment Amt</u> (\$)	<u>Adjustment</u> (\$)	<u>Amount Due</u> (\$)	<u>Policy No</u>
Total Bill Amount	133.99				
SALISTER RAIAPAN	133.99	0.00	0.04-	133.95	

Amount to be paid: \$133.95

For Information

The amount payable by patient has been rounded down to the nearest cents.

TAX INVOICE
(Duplicate)

PATIENT NAME: SALISTER RAIAPAN

MRN/NRIC : XXXXX183Q
BILL NO : 15143972A

CHEQUE/CREDIT CARD PAYMENT SLIP

For cheque or credit card payment, please fill in the details below.

PATIENT NAME: SALISTER RAIAPAN

BILL No.15143972A

Payment amount:

[illegible]

Contact No:

Cheque Detail: (Bank).

(Cheque Number)

Credit Card No:

Expiry Date:

Cardholder's Name:

Cardholder's Signature: _____





TAX INVOICE
(Duplicate)

TO:
MR. SALISTER RAIAPAN
BLK 200 #03-03
JALAN SULTAN
C/O GLOBAL MAX SECURITY AND CONSULTANTS
SINGAPORE 199018

MRN/NRIC : XXXXX183Q
BILL NO : 15148732G
BILL DATE : 27.01.2021
VISIT DATE : 27.01.2021
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : 200910555Z

PATIENT NAME: SALISTER RAIAPAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9219721083F Specialty / Class : Hand Surgery / PTRF	
Consultation and Services	
Asso Con/Snr Reg/P Res Phy - First Visit	95.00
XR Wrist Special View Left	42.90
XR Wrist Joint AP & Lateral Left	42.90
Dressing (Simple)	21.00
Total Charges	201.80
Add: 7% GST	14.12
Amount Payable	215.92
For Information: With Referral	
Case No : 9219726746C Specialty / Class : Hand Surgery / PTRF	
Consultation and Services	
Cockup Splint	50.10
Splint Fabrication - Standard (OT)	34.40
Occupational Therapy Assessment/Consult	20.60
Total Charges	105.10
Add: 7% GST	7.36
Amount Payable	112.46
For Information: With Referral	



National University Health Services Group Pte Ltd
1 Jurong East Street 21, Singapore 609606
UEN: 200910555Z
Tel: (65) 6716 2000 Fax: (65) 6716 5500
www.ntfgh.com.sg | www.jch.com.sg

TAX INVOICE
(Duplicate)

PATIENT NAME: SALISTER RAIAPAN

MRN/NRIC : XXXXX183Q
BILL NO : 15148732G

Payer(s) Summary

<u>Payable By</u>	<u>Payable Amt</u> (\$)	<u>Payment Amt</u> (\$)	<u>Adjustment</u> (\$)	<u>Amount Due</u> (\$)	<u>Policy No</u>
Total Bill Amount	328.38				
SALISTER RAIAPAN	328.38	200.00-	0.03-	128.35	

Amount to be paid: \$128.35

For Information

The amount payable by patient has been rounded down to the nearest cents.

CHEQUE/CREDIT CARD PAYMENT SLIP

For cheque or credit card payment, please fill in the details below.

PATIENT NAME: SALISTER RAIAPAN

BILL No.15148732G

Payment amount:

[illegible]

Contact No:

Cheque Detail: (Bank)

(Cheque Number)

Credit Card No:

Expiry Date:

Cardholder's Name:

Cardholder's Signature:





TAX INVOICE

TO:

MR. SALISTER RAIAPAN
 BLK 200 #03-03
 JALAN SULTAN
 C/O GLOBAL MAX SECURITY AND CONSULTANTS
 SINGAPORE 199018

MRN/NRIC : XXXXX183Q
 BILL NO : 15280658B
 BILL DATE : 12.03.2021
 VISIT DATE : 12.03.2021
 TYPE OF SUPPLY : CASH/CREDIT
 GST REG NO : 200910555Z

PATIENT NAME: SALISTER RAIAPAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9219721083F Specialty / Class : Hand Surgery / PTRF	
Consultation and Services Ascc Con/Snr Reg/P Res Phy -Repeat Visit XR Wrist Joint AP & Lateral Left	61.00 42.90
Total Charges Add: 7% GST	103.90 7.27
Amount Payable	111.17
Case No : 9219798069J Specialty / Class : Hand Surgery / PTRF	
Consultation and Services Occupational Therapy Assessment/Consult	20.60
Total Charges Add: 7% GST	20.60 1.44
Amount Payable	22.04
For Information: With Referral	

Payer(s) Summary

Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	133.21				
SALISTER RAIAPAN	133.21	0.00	0.06-	133.15	

Amount to be paid: \$133.15



National University Health Services Group Pte Ltd
1 Jurong East Street 21, Singapore 609606
UEN: 200910555Z
Tel: (65) 6716 2000 Fax: (65) 6716 5500
www.ntfgh.com.sg | www.jch.com.sg

PATIENT NAME: SALISTER RAIAPAN

MRN/NRIC : XXXXX183Q
BILL NO : 15280658B

For Information

The amount payable by patient has been rounded down to the nearest cents.

CHEQUE/CREDIT CARD PAYMENT SLIP

For cheque or credit card payment, please fill in the details below.

PATIENT NAME: SALISTER RAIAPAN

B/L No.15280658B

Payment amount:

--	--	--	--	--	--	--	--

Contact No: _____

Cheque Detail: (Bank)_____

(Cheque Number) _____

Credit Card No: _____

Expiry Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____



TAX INVOICE

MR. SALISTER RAIAPAN

BILL REF. NO.
15449419G

BILL DATE
17 MAY 2021

LOCATION
NTFGH

NRIC / FIN / MRN
GXXXX183Q

VISIT DATE ► **17 MAY 2021 09:36 AM**

BLK 200 #03-03
JALAN SULTAN
C/O GLOBAL MAX SECURITY AND
CONSULTANTS
SINGAPORE 199018



Accepts: PayNow

\$ 118.10
FINAL AMOUNT PAYABLE

TOTAL AMOUNT (BEFORE GST)	\$	110.40
7% GST	\$	7.73
TOTAL AMOUNT	\$	118.13
TOTAL AMOUNT PAYABLE	\$	118.13
Net Payment made	\$	0.00
Adjustment(s)	\$	-0.03
FINAL AMOUNT PAYABLE	\$	118.10

CHARGES

CASE NO.	SPECIALTY / CLASS	AMOUNT (\$)
9219721083F	HAND SURGERY / PTRF	
SERVICES	DESCRIPTION	
CONSULTATION AND SERVICES	Ascc Con/Snr Reg/P Res Phy -Repeat Visit	66.00
	XR Wrist Joint AP & Lateral Left	42.90
DRUGS	Paracetamol 500MG Tablet	1.50
	TOTAL AMOUNT (BEFORE GST)	110.40
	7% GST	7.73
	Subtotal	118.13
	TOTAL AMOUNT	118.13

PAYMENT SUMMARY

	TOTAL AMOUNT	118.13
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. SALISTER RAIAPAN		118.13

MR. SALISTER RAIAPAN

TOTAL AMOUNT PAYABLE 118.13

Payment Summary to be continued on page 2



TAX INVOICE

BILL REF. NO.
15449419G

BILL DATE
17 MAY 2021

NRIC / FIN / MRN
GXXXX183Q

PATIENT NAME
MR. SALISTER RAIAPAN

The amount payable by patient has been rounded
down to the nearest cents.

Net Payment made 0.00

Adjustment(s) -0.03

FINAL AMOUNT PAYABLE \$ 118.10

PAYMENT OPTIONS & ADVISORY



Self-Service Kiosk

- AXS Station



Counter Services

- Service Locations at SOC and Pharmacy / Business Office
- 7-Eleven Stores



E-Payment

- OneNUHS App
- HealthHub Mobile App
- Payment through PayNow by scanning the SGQR code on this bill with your banking app
- DBS/POSB Digibank online/mobile or DBS PayLah!
- AXS e-Stations/m-Stations



Payment Policy

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
- Payment made via AXS and E-Payments will be updated to your bill within 3 working days.



PRINTED ON: 17 MAY 2021 09:59 AM

National University Health Services Group Pte Ltd | www.ntfgh.com.sg | www.jch.com.sg

1 Jurong East Street 21, Singapore 609606 | Tel: +65 6716 2000

Company Registration No. 200910555Z | GST Reg No. 200910555Z

For bill enquiries, please contact us at

Email: payment@1fss.com.sg

Tel: +65 6407 8138

MEDICAL CERTIFICATE (Ref:1120837043)

ORIGINAL**NAME: SALISTER RAIAPAN****NRIC: G6686183Q**

Type of Medical Leave granted: **Hospitalisation Leave**

The above named is unfit for duty for **14 day(s)** from **22/01/2021** to **04/02/2021** Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **22/01/2021 09:22** to **22/01/2021 10:10**.

22/01/2021
Date

Dr. Joan Mei Leng CHIN (04925E)
Issued by

Signature

Location: NTFGH EMERGENCY



Ng Teng Fong
General Hospital

MEDICAL CERTIFICATE (Ref:1120837065)

ORIGINAL

NAME: SALISTER RAIAPAN

NRIC: G6686183Q

Type of Medical Leave granted: Hospitalisation Leave

The above named is unfit for duty for 7 day(s) from 12/03/2021 to 18/03/2021 Inclusive.

He/She is fit for light duty for 60 day(s) from 19/03/2021 to 17/05/2021

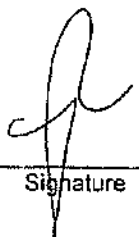
The certificate is not valid for absence from court attendance.

The aboved name attended our facility / received treatment on 12/03/2021.

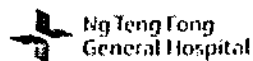
Remarks : Avoid weights on left hand

12/03/2021
Date

Dr. Yuehan WANG (64907D)
Issued by


Signature

Location: A51 ORTHOPAEDICS



MEDICAL CERTIFICATE (Ref: 1120837055)

ORIGINAL

NAME: SAHTEER TEANAPATI

NRIC: 970601254

Type of Medical Leave granted: Hospitalisation Leave

The above certificate is valid for (day/s) from 05/02/2021 to 12/03/2021 inclusive

The certificate is not valid for absence from court attendance

The above name attended our facility / received treatment on 27/01/2021.

27/01/2021
Date

Dr. Chin Yi Janice LIAO (17371A)
Issued by

Signature

Location: A11 ORTHOPAEDICS

Dr Janice Liao Chin Yi
MBBS (Australia), MRCS (Edn), FRACS (Hand surgery)
Associate Consultant
Department of Orthopaedic Surgery
Ng Teng Fong General Hospital &
Jurong Community Hospital
MCR No. 17371A