

(UEN No. 201939937D)

(GST Registration No. 201939937D)

151 Chin Swee Road

#10-03/05 Manhattan House

By post

By email

Singapore 169876

Tel: +65 6955 8899

Fax: +65 6900 9899

WhatsApp: +65-9171-4767

Email: sengtat@aplp.com.sg

We do not accept service of Court documents by fax.

Secretary in charge: seng tat

Secretary's email: sengtat@aplp.com.sq

Our ref: AP/2021/003613/TAT

Your ref: SMW6410K

Date: 26 November 2021

YEOW LEONG CHYE

BLK 1 PINE CLOSE

#18-163

SINGAPORE 390001

-103

India International Insurance Pte Ltd

Insurer of SMW6410K

64 Cecil Street Singapore 049711 (your ref: to be advised)

Attn: Motor claim department

Dear Sirs,

WITHOUT PREJUDICE

CLAIMANT: POR JINFENG

CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 24 FEBRUARY 2021 AT ABOUT 18:32 HRS HRS INVOLVING MOTOR VEHICLES NO(S). SJZ6116E AND SMW6410K ALONG GEYLANG ROAD

We act for POR JINFENG, driver of SJZ6116E.

We are instructed by our client to claim damages against you/your insured in connection to the abovementioned road traffic accident between our client and your/your insured's vehicle SMW6410K.

We are instructed that the above-mentioned road traffic accident was caused by your/your insured's negligence / the negligence of your authorised driver in the driving, management and/or control of your/your insured's vehicle.

As a result of the abovementioned road traffic accident, our client has suffered personal injuries. His injuries are set out in the medical report annexed to this letter.

We are instructed to and do hereby claim damages against you as follows:

GENERAL DAMAGES

\$ 5,000.00

1. Back Strain Injury with Radiculopathy

\$ 5,000.00

- <<14. of days of MC>>

SPECIAL DAMAGES

\$ 4,639.30

Medical expenses
 Transport expenses

4. Loss of income 14 days

\$ 3,599.30 \$ 1,040.00

to be assessed



Our ref: AP/2021/003613/tat

Page 2/3

Total \$ 17,963.80

26 November 2021

FU	TURE MEDICAL / TRANSPORT EXPENSES		To be assessed
CC	STS OF REPAIR (WITH GST)		\$ 1,780.00
LO	SS OF USE / RENTAL		\$ 1,080.00
-	Pre-repair (03 days including intervening weekend @ \$ 180.00	\$ 540.00 0 per day)	
-	Loss of use / rental during repair works (03 days including intervening weekend @ \$ 180.00	\$ 540.00 0 per day)	
Our Legal Costs with GST (At this stage)			\$ 4,280.00
Disbursements (To-date)			\$ 1,184.50
1. 2. 3. 4. 5.	Medical Report Fees Survey Report Fees GIA / LTA searches fee Other Incidentals with GST Public Trustee	\$ 482.00 \$ 280.00 \$ 37.00 \$ 160.50 \$ 225.00	

We enclose herewith the following supporting documents for your attention:

- a. Our client's Singapore Accident Statement;
- b. Copy of our client's Medical Report;
- c. Copies of our client's MC and Medical receipt(s);
- d. Copy of the Medical Report Tax Invoice;
- e. Copy of repair bill from our client's workshop;
- f. Copy of our client's surveyor report;
- g. Copy of the survey report tax invoice;
- h. Copies of receipts for GIA / LTA searches;

Our ref: AP/2021/003613/tat

26 November 2021

In compliance with the pre-action protocol under the State Courts' Practice Direction 37, we had notified your insurer of the above-mentioned road traffic accident and to the best of our knowledge, your insurer had arranged for the pre-repair inspection of our client's vehicle.

In compliance with the pre-action protocol under the State Courts' Practice Direction 38, we propose **Dr Dr Soong Yi Wei Daniel** from **Unihealth Clinic** as the Single Joint Expert as regards our client's injuries.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer

Please note that you or your insurer should send to us an acknowledgement of receipt to us within fourteen (14) days of your receipt of this letter. Please also inform us, within fourteen (14) days of your acknowledgement of receipt of this letter, whether you have any objection to our proposed medical expert or whether you wish to propose other medical expert(s)

Please also note that if you a counterclaim against our client arising out of the above-mentioned accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter

Should you fail to acknowledge receipt of this letter within fourteen (14) days, our client may commence Court proceedings against you without further notice to you or your insurer. For the avoidance of any doubt, this letter serves as notice under Section 9(3) of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) of our client's intention to commence proceedings against you and/or your authorised driver.

Yours faithfully,

A P LAW PRACTICE LLC

enc



Unihealth Holdings Pte. Ltd.

Reg No 201836325H

Blk 214 Bedok North Street 1, #01-171, Singapore 460214

Tel: 69043488 Fax: 62419388

Reference no: AP/2021/003613

19th March 2021

A P Law Practice LLC 151 Chin Swee Road #10-03/05 Manhattan House Singapore 169876

Dear Sir/Mdm,

Re: Medical Report of Mr Por Jinfeng (S8123187G)

The above patient was seen at our clinic on 25th February 2021 for complaints of back pain after being involved in a road traffic accident which happened on 24th February 2021. He was the driver of a vehicle involved in rear end collision from another vehicle. During the accident, he was wearing safety belt. There was no headache, giddiness or blurring of vision noted. There was no complaint of any focal weakness or numbness. No breathing difficulties were noted either. He has a notable history of prolapsed intervertebral disc.

On examination, his vitals were stable. His blood pressure was normal at 118/74 mmHg. The range of motion of his neck was full with no localised tenderness. The range of motion of his back was full with tenderness over his lumbar region. No focal neurological deficits were noted. No swelling, open wound or bruising was noted. His vision and hearing was unremarkable. His gait was normal. The rest of his systemic examination were otherwise unremarkable. He declined analgesia for pain relief. He was given medical leave of 2 days duration from 25th February 2021 to 26th February 2021.

He revisited us on 19th March 2021 for back pain with radiation to his left leg of 1 week duration. Physical examination revealed full range of motion of his back with tenderness over his lumbar region and limited straight leg raise bilaterally. His gait was noted to be antalgic.

Clinical impressions were that of: Back strain injury with radiculopathy

He was given oral analgesia for pain relief. No X-ray or medical imaging was done during both his visit. He was given medical leave of 2 days duration from 19th March 2021 to 20th March 2021. He was advised to seek review at the

hospital with an Orthopaedics specialist if persistent symptoms were noted. There was no further follow up subsequent to 19th March 2021.

Please kindly take note of the above. Feel free to contact the clinic should any clarification be required.

For your information please.

Regards,

Dr Soong Yi Wei Daniel Medical Director

Unihealth Clinic (Bedok)

UNIHEALTH HOLDINGS PTE. LTD.

Blk 214 Bedok North Street 1 #01-171 Singapore 460214 T +65 6904 3488 E bedok@unihealthclinic.com W www.unihealthclinic.com.sg

Co. Reg. No. 201836325H

GST Reg. No. 201836325H

TAX INVOICE

A P Law Practice LLC 151 Chin Swee Road #10-03/05 Manhattan House Singapore 169876

Invoice No.

UCB20210328

Invoice Date Payment Terms: Due Date

18-Mar-21 30 Days 17-Apr-21

Page No.

1 of 1

-	Description	QTY	Rate (S\$)	Total Amount (S\$)
Date	Description			

18-Mar-21 Ref: AP/2021/003613

1 300.00 300.00

Medical Report for Mr.Por JinFeng (NRIC No.S8123187G)

	300.00
Invoice Sub-Total:	21.00
GST (7%) Invoice Total:	321.00

1. Cheque should be made payable to uniHEALTH HOLDINGS PTE. LTD. and crossed Account Payee only. Please quote out invoice number on the reverse side of the cheque.

2. Bank details for telegraphic transfer : -

Account Name

: Unihealth Holdings Pte. Ltd. : 0720049659

Account Number Name of Bank Bank Code Branch Code

: 0720049659 : DBS Bank Ltd : 7171 : 072 : DBSSSGSG

Swift Code : DBSSSGSG
Please indicate out invoice number in the telegraphic transfer instruction.

This is a computer generated document. No signature is required

UNIHEALTH CLINIC (BEDOK)

214 BEDOK NORTH STREET 1 #01-171 , SINGAPORE 460214

Tel1: 69043488 Fax: 62419388

Medical Certificate

Date : 25 Feb 2021

MC No.

: 0000014701

This is to certify that:

Name :

POR JINFENG

NRIC :

S8123187G

is Unfit for Duty for 2 days

from 25 Feb 2021 to 26 Feb 2021 inclusive.

DR DANIEL YAP MBBS (SPORE), GDFM FAMILY PHYSICIAN

^{*}This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

214 BEDOK NORTH STREET 1 #01-171, SINGAPORE 460214

Tel1: 69043488 Fax: 62419388

GST Reg No : 201886325H

Co Reg No : 201836325H

TAX INVOICE

POR JINFENG

914 HOUGANG STREET 91

06-16

S(530914)

Invoice No.

: 12842

Our Reference : 69540

Date : 25 Feb 2021

Patient

: POR JINFENG(S8123187G)

Attending Doctor : DR DANIEL YAP

DESCRIPTION	QTY	FEE
CONSULTATION	•	\$25.00
	Sub-Total	\$25.00
	Add GST 7.0%	\$1.75
	Rounding Adjustment	-\$0.05
	Total Amount Payable	\$26.70
	Receipt No. 19100 - CASH Payment Received	\$26.70
	Outstanding Balance	\$0.00

All Cheques should be crossed and made payable to :

Unihealth Clinic (Bedok)

This is a computer generated invoice which does not require a signature

214 BEDOK NORTH STREET 1 #01-171 , SINGAPORE 460214

Tel1: 69043488 Fax: 62419388

Medical Certificate

: 19 Mar 2021 Date

MC No.

: 0000015321

This is to certify that:

Name :

POR JINFENG

NRIC

S8123187G

is Unfit for Duty for 2 days

from 19 Mar 2021 to 20 Mar 2021 inclusive.

DR TAN WEI MING MBBS (SINGAPORE) GDFM (SINGAPORE)

^{*}This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

214 BEDOK NORTH STREET 1 #01-171 , SINGAPORE 460214

Tel1: 69043488 Fax: 62419388

GST Reg No: 201886325H

Co Reg No : 201836325H

TAX INVOICE

POR JINFENG

914 HOUGANG STREET 91

06-16

S(530914)

Invoice No. : 13500

Our Reference : 69540

Date : 19 Mar 2021

Patient

: POR JINFENG(S8123187G)

Attending Doctor : DR TAN WEI MING

DESCRIPTION	QTY	FEE
	7.00 cap	\$31.50
PREGABALIN 75MG	10.00 tabs	\$26.00
ARCOXIA 90MG	20.00 tabs	\$8.00
ANAREX	1.00	\$5.00
REFERRAL (A&E)	1.00	\$25.00
CONSULTATION	Sub-Total	\$95.50
	Add GST 7.0%	\$6.69
	Rounding Adjustment	-\$0.09
	Total Amount Payable	\$102.10
Receipt No. 20020 - CREDIT (\$102.10
1000,	Outstanding Balance	\$0.00

All Cheques should be crossed and made payable to : Unihealth Clinic (Bedok)

This is a computer generated invoice which does not require a signature

214 BEDOK NORTH STREET 1 #01-171 , SINGAPORE 460214

Tel1: 69043488 Fax: 62419388

Medical Certificate

Date : 12 Apr 2021

MC No.

: 0000016084

This is to certify that:

Name: POR JINFENG

NRIC : S8123187G

is Unfit for Duty for 2 days

from 12 Apr 2021 to 13 Apr 2021 inclusive.

LOCUM

MBBS (Singapore)

^{*}This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

214 BEDOK NORTH STREET 1 #01-171 , SINGAPORE 460214

Tel1: 69043488 Fax: 62419388

GST Reg No: 201886325H

Co Reg No : 201836325H

TAX INVOICE

POR JINFENG

914 HOUGANG STREET 91

06-16

S(530914)

Invoice No. : 14221

Our Reference : 69540

: 12 Apr 2021

Patient

: POR JINFENG(S8123187G)

Attending Doctor : LOCUM

DESCRIPTION		QTY	FEE
ANAREX		30.00 tabs	\$12.00
CONSULTATION			\$25.00
00110021111011		Sub-Total	\$37.00
		Add GST 7.0%	\$2.59
		Rounding Adjustment	-\$0.09
		Total Amount Payable	\$39.50
	Receipt No. 21086 - CREDIT CARI	Payment Received	\$39.50
	200400000000	Outstanding Balance	\$0.00

All Cheques should be crossed and made payable to :

Unihealth Clinic (Bedok)

This is a computer generated invoice which does not require a signature

214 BEDOK NORTH STREET 1 #01-171 , SINGAPORE 460214 Tel1: 69043488 Fax: 62419388 Unihealth Clinic (Bedok)

Blk 214 Bedok North Street 1 Singapore 460214 #01-171

Fax: 62419388

Tel: 69043488

Email: bedok@unihealthclinic.com

214 BEDOK NORTH STREET 1 #01-171 , SINGAPORE 460214 Tel1: 69043488 Fax: 62419388 Unihealth Clinic (Bedok)

19 Mar 2021

Dear Colleague (orthopedics)

POR JINFENG S8123187G

The above patient is seen at our clinic on 19 Mar 2021 for complaints of:

mild numbness over left LL pain worse on lying down Pain over left LL x1/52 no weakness over LL mild lower back pain otherwise well -? nerve pain

alert

well

Back

- no deformity / FROM - no spinal tenderness

- mild paravert muscle spasms

- SLR 40 (L) / 50 (R)

- WB normal.

- Antalgic gait

LBP a/w sciatica

Please kindly review for further evaluation/management.

Thank you.

Regards, Dr Tan Wei-Ming-MCR: M17152B

Unihealth Clinic (Bedok)

DISCOVER CHIROPRACTIC CLINIC

71 Tras Street, Singapore 079010 Tel: 65-62387276 Fax: 65-68844491

DISCOVER Email: low@discoverchiro.com.sg Website: www.discoverchiro.com.sg

Our reference: 016595 /DCC/2021 April 5, 2021

Your reference: AP/2021/003613

Private and Confidential

Dear Sir/Mdm.

Be advised that **POR JINFENG (NRIC#: S8123187G)** presented at our clinic for low back pain on 27th March 2021 following an automobile accident that occurred on 24th February 2021. His first appointment at the clinic was on 20th February 2021 where he complained of neck and low back discomfort. He states of localized pain in the neck region causing tightness in the trapezius region. The low back discomfort was localized and comes and goes with prolonged postures. He was treated with spinal manipulative therapy along with adjunct physical modalities.

History:

He states of pain in the low back region that was aggravated after the accident. He reported going to the General Practitioner. No imaging was performed. He was then discharged from the General Practitioner with pain medications. He complains of numbness and pain down the left lower extremity affecting his left ankle joint. Walking is affected and limited by pain. The pain is constant. Visual analog scale – 8/10. Nothing seems to make it better. No other significant illness/diseases noted. Patient denies any long-term medications or surgeries.

Orthopedic tests:

Patient's range of motion of the low back is limited by pain during flexion. Straight leg raiser test is positive with radiating pain down the left posterior thigh, calf and ankle region.

Diagnosis:

Acute lumbar spine sprain/strain with radiculopathy.

Treatment plan:

Patient is undergoing spinal manipulative therapy with adjunct physical modalities for his condition. Patient is scheduled to receive treatment twice a week. In his initial visits from 27th February 2021 to 9th March 2021, the physical modalities used were Therapeutic Ultrasound and ESWT (Extracorporeal Shockwave Therapy). Unfortunately, the condition was not improving. Of which, he was recommended for an MRI imaging. The patient preferred to source for his own imaging centre. A memo was written for him to do so at an imaging centre of his choosing. His treatment plan was then modified. Instead of the Therapeutic Ultrasound and ESWT, Spinal

DISCOVER CHIROPRACTIC CLINIC

71 Tras Street, Singapore 079010 Tel: 65-62387276 Fax: 65-68844491

DISCOVER Email: low@discoverchiro.com.sg Website: www.discoverchiro.com.sg

Decompression was performed along with spinal manipulative therapy. After the change, the patient is responding better, and the radiating pain and numbness has reduced. His condition will be re-evaluated for further intervention and/or referral, if necessary.

Prognosis:

Good. Patient is expected to recover well. However, proper rehabilitation is recommended to minimize the possibility of exacerbation of the condition.

Any queries please call us at our clinic at 6238-7276 or email me at low@discoverchiro.com.sg

Regards,

Dr Joachim W. Q. Low Doctor of Chiropractic (D.C; USA) Eachblor of Science (Bsc; USA)



DISCOVER CHIROPRACTIC CLINIC PTE LTD

71 Tras Street, Singapore 079010 Tel: 65-62387276 Fax: 65-68844491 Email: spinaldoc@discoverchiro.com.sg Website: www.discoverchiro.com.sg

Tax Invoice

Invoice No.: DCC2021-001 GST Reg No.: 201904009Z Invoice Date: 15th March 2021

Invoiced to	A P Law Practice LLC
	151 Chin Swee Road #10-03/05, Manhanttan House Singapore 169876
	Attention: Ms Nur Ardiilah Ramli Ref: AP/2021/003613

Description	Amount
Fee for medical report	S\$150.47
(Por JinFeng, NRIC. S8123187G)	
Subtotal	S\$150.47
7% GST	S\$10.53
Total	S\$161.00

Cheque should be crossed and made payable to "Discover Chiropractic Clinic Pte. Ltd".

Discover Chiropractic Clinic Pte Ltd
71 Tras Street

#01-01 Singapore 079010

Ph: (65) 6238 7276 Fax: (65) 6884 4491 Email: spinaldoc@discoverchiro.com.sg

Discover Chiropractic Clinic Pte. Ltd



Ref: 2105/00531

Name: POR JINFENG (JERRY) *

ID No.: S8123187G

This is to certify that the abovenamed is unfit for duty for a period of <u>3</u> day(s) from <u>04 May 2021</u> to <u>06 May 2021</u> inclusive.

Type of medical leave granted: Outpatient Sick Leave

This certificate is not valid for absence from court attendance.

Diagnosis:

Surgical Operation (if applicable):

N.A.

N.A.

Fit for light duty from N.A. to N.A.

Fit to resume duties with effect from N.A.

Discover Chiropractic Clinic Pte Ltd

71 Tras Street #01-01 Singapore 079010 Date

04 May 2021

Dr Joachim Low

Signature

Dr Jeachim W. Q. Low floeter of Chiropractic (D.C; USA)

Bachelor of Science (Bsc: USA)



Ref: 2105/00539

Name: POR JINFENG (JERRY) *

ID No.: S8123187G

This is to certify that the abovenamed is unfit for duty for a period of 2 day(s)

from 11 May 2021 to 12 May 2021 inclusive.

Type of medical leave granted: Outpatient Sick Leave

This certificate is not valid for absence from court attendance.

Diagnosis:

Surgical Operation (if applicable):

N.A.

N.A.

Fit for light duty from N.A. to N.A.

Fit to resume duties with effect from N.A..

Discover Chiropractic Clinic Pte Ltd 71 Tras Street #01-01

Singapore 079010

Date

11 May 2021

Signature

Dr Joachim Low

Dr Joachim W. Q. Low Doctor of Clexopractic (D.C; USA)
Bachelor of Science (Recolled)



Ref: 2105/00544

Name: POR JINFENG (JERRY) *

ID No.: S8123187G

This is to certify that the abovenamed is unfit for duty for a period of $\underline{1}$ day(s) from $\underline{17}$ May $\underline{2021}$ to $\underline{17}$ May $\underline{2021}$ inclusive.

Type of medical leave granted: Outpatient Sick Leave

Diagnosis:	Surgical Operation (if applicable):		
N.A. N.A.			
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> .			
Fit to resume duties with effect from	N.A		
Fit to resume duties with effect from			
Discover Chiropractic Clinic Pte Ltd	Date	Signature	

Dr Joachim W. Q. Low Doctor of Chiampractic (D.C; USA) Bachelor of Science (Bsc. 1987)

Dr Joachim Low



Ref: 2104/00513

Name: POR JINFENG (JERRY) *

ID No. : S8123187G

This is to certify that the abovenamed is unfit for duty for a period of $\underline{2}$ day(s) from $\underline{20}$ Apr $\underline{2021}$ to $\underline{21}$ Apr $\underline{2021}$ inclusive.

Type of medical leave granted: Outpatient Sick Leave

Surgical Operation (if applicable):
N.A.
N.A
Date 20 Apr 2021 Signature

Dr Joachim W. Q. Low Dector of Chiropractic (D.C; USA) Enabeler of Selecte (Bsc USA)



Company Reg No.: 201904009Z

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) *

S8123187G

Invoice No.: 2106/32333

Date: 08 Jun 2021

QUANTITY AMOUNT(S\$) DESCRIPTION PROFESSIONAL FEES 1 \$84.11 CONSULTATION (SUBSEQUENT) \$84.11 Subtotal: **Payment Details** GST (7%): \$5.89 Amount (S\$) Date Mode(s) Document No. Total: \$90.00 \$90.00 08 Jun 2021 R2106/32167 Master Received: \$90.00

Balance: \$0.00



Company Reg No.: 201904009Z

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) * S8123187G

Invoice No.: 2105/31891 Date: 31 May 2021

DESCRIPTION

QUANTITY AMOUNT(S\$)

1

PROFESSIONAL FEES

CONSULTATION (SUBSEQUENT)

\$84.11

Payment Details

Mode(s)

\$84.11 Subtotal:

Document No. Date

Amount (S\$)

GST (7%): \$5.89 \$90.00 Total:

\$90.00 R2105/31728 CashDro 31 May 2021

Received:

\$90.00

Balance: \$0.00



Company Reg No.: 201904009Z

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) *

S8123187G

Invoice No.: 2105/31562

Date: 24 May 2021

DESCRIPTION QUANTITY AMOUNT(S\$)

PROFESSIONAL FEES

CONSULTATION (SUBSEQUENT) 1

\$84.11

Payment Details

Subtotal: \$84.11

GST (7%): \$5.89

 Date
 Document No.
 Mode(s)
 Amount (S\$)
 GST (7%):
 \$5.89

 24 May 2021
 R2105/31400
 Master
 \$90.00

Received: \$90.00 Balance: \$0.00



Company Reg No.: 201904009Z

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) *

S8123187G

Invoice No.: 2105/31242

Date: 17 May 2021

QUANTITY AMOUNT(S\$) DESCRIPTION

PROFESSIONAL FEES

CONSULTATION (SUBSEQUENT)

\$84.11

Payment Details

\$84.11 Subtotal:

Amount (S\$) Mode(s) Date Document No. R2105/31084 Master 17 May 2021

\$5.89 GST (7%): Total:

\$90.00

1

\$90.00

Received:

\$90.00

Balance:

\$0.00



Company Reg No.: 201904009Z

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) * S8123187G Invoice No.: 2105/30998

Date: 11 May 2021

DESCRIPTION	I	QUA	ANTITY	AM	OUNT(S\$)	
PROFESSIONA CONSULTATION PROCEDURES	ON (SUBSEQUENT	Г)		1	e emiliarità i actor it ma	\$84.11
DECOMPRESS	SION THERAPY	1		\$65.43		
Payment Details Date Document No. Mode(s)			Amount (S\$)	Subto	7%):	\$149.54
11 May 2021	R2105/30842	CashDro	\$160.00	Round To	iing: otal:	(\$0.01) \$160.00
				Recei [®] Balaı		\$160.00 \$0.00



Company Reg No.: 201904009Z

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) *	Invoice No.: 2105/30649
S8123187G	Date: 04 May 2021

DESCRIPTION			QI	QUANTITY A				
PROFESSION	AL FEES	AND THE PROPERTY OF THE PROPERTY OF		SELF CERTIFICATION OF THE ACTION	With and Survey Dis-			
CONSULTATION (SUBSEQUENT)			1			\$84.11		
PROCEDURES	_							
DECOMPRESSION THERAPY			1 \$			\$65.43		
Payment Deta	ils			Subto	otal:	\$149.54		
Date	Document No.	Mode(s)	Amount (S\$)	GST (\$10.47 (\$0.01)		
04 May 2021	R2105/30496	Master	\$160.00		otal:	\$160.00		
				Recei		\$160.00		
				Balar	nce:	\$0.00		

11/5. 5.20pm



Company Reg No.: 201904009Z

Balance:

\$0.00

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) *	Invoice No.: 2104/30316
S8123187G	Date: 27 Apr 2021

DESCRIPTION			QUANTITY AMOUN			OUNT(S\$)	
PROFESSIONAL FEES CONSULTATION (SUBSEQUENT) PROCEDURES DECOMPRESSION THERAPY			1 \$84 1 \$65				
Payment Det Date 27 Apr 2021	ails Document No. R2104/30164	Mode(s) Master	Amount (S\$	Round	7%): ling:	\$149.54 \$10.47 (\$0.01)	
			\$100.00	Receiv	otal: ved:	\$160.00 \$160.00	



Company Reg No.: 201904009Z

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) * S8123187G Invoice No.: 2104/29887 Date: 20 Apr 2021

DESCRIPTION QUANTITY AMOUNT(S\$)

PROFESSIONAL FEES

CONSULTATION (SUBSEQUENT) 1 \$84.11

PROCEDURES

DECOMPRESSION THERAPY 1 \$65.43

Payment Details

Date

Document No. Mode(s)

Subtotal: \$149.54

GST (7%): \$10.47

Payment (\$0.01)

20 Apr 2021 R2104/29737 Master \$160.00 Rounding: (\$0.01)

Received: \$160.00 Balance: \$0.00



Company Reg No.: 201904009Z GST Reg No.: 201904009Z

TAY INVOICE

POR JINFENG S8123187G	G (JERRY) *	IAX INVOIC Invoice No.: 2104/2946 Date: 12 Apr 202				
DESCRIPTION	N		QUANTITY AMOUNT			
PROCEDURE	ON (SUBSEQUEN	Т)		1		\$84.11 \$65.43
Payment Det Date 12 Apr 2021	ails Document No. R2104/29315	Mode(s) Master	Amount (S\$) \$160.00	Subt GST (Round T	7%):	\$149.54 \$10.47 (\$0.01) \$160.00

Received: \$160.00 Balance: \$0.00



Company Reg No.: 201904009Z

GST Reg No.: 201904009Z

TAX INVOICE

POR JINFENG (JERRY) * S8123187G			Invoice No.: 2104/29151 Date: 06 Apr 2021			
DESCRIPTION			QUA	QUANTITY AMOUNT		
PROFESSIONAL FEES CONSULTATION (SUBSEQUENT) PROCEDURES DECOMPRESSION THERAPY			1			\$84.11 \$65.43
Payment Details Date Document No. Mode(s)			Amount (S\$)	Subtotal: GST (7%): Rounding:		\$149.54 \$10.47 (\$0.01)
06 Apr 2021	R2104/29004	Master	\$160.00		Total: \$160.00	

Received: \$160.00 Balance: \$0.00