



## CITY AUTO PTE LTD

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643.  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel: 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Yr ref : CC6/CTI22000963/ra3

Our ref: JO202201-1137

WITHOUT PREJUDICE

Dear Sir/Mdm,

**CHINA TAIPING INSURANCE (S) PTE LTD**

**NO. 3**

**ANSON RD**

**SPRINGLEAF TOWER**

**SINGAPORE 079909**

**Accident involving PC3474R and PC1889R on 25/01/2022**

We refer to the above said accident.

We enclosed herewith relevant documents as stated below:-

- 1) Repair tax invoice
- 2) Letter of authorization
- 3) GIA search receipt
- 4) Rental agreement receipt
- 5) Taxi & Petrol claim
- 6) Medical expenses

As instructed, we are claiming the following as stated below:-

1) Cost of repair	\$	11,181.50
2) Loss of Rental (13days x \$ 128.40)	\$	1,669.20
3) Taxi & Petrol fee	\$	1,176.45
4) Medical fee	\$	786.25
5) LTA search fee	\$	7.45
<b>Total</b>	<b>\$</b>	<b>14,820.85</b>

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thanks & regards

Vronica Law (Claim dept.)

Tel: 6453 1235

Fax: 6453 7944

Email: [cityauto@singnet.com.sg](mailto:cityauto@singnet.com.sg)



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## RE: LETTER OF AUTHORIZATION

Name of owner: SHS HOLDINGS LTD NRIC: 197502203Z

Address: 14 TIAS AVENUE 20, SINGAPORE 638330

Name of Driver: NG PENG SOCK NRIC: 50092915H

Address: APT BLK 620 BEDOK RESERVOIR ROAD # 11-1452 (S) L70620

Accident on 25/1/2022 Involving PC 3474K GX 471317, SLB 6458X AND PC1289F

At/along PIE

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle NISSAN NV350 at my/our request I/We the above owner of Motor Vehicle No: PC1289F do authorize them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further authorize them to give an absolute discharge on my/our behalf.

I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our behalf concerning the said claim and such, all future correspondence should be addressed to the said firm/co.

My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a valid discharge voucher or any other documents in connection with this on my/our behalf and for me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of repairs to my motor vehicle.

Owner Signature: \_\_\_\_\_

Name: Ng Han Kok (Director)

Date: 30/6/2022

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

Witness Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SKM22D200645/C02/PC3474R/TOHHS

Claimant : SHS HOLDINGS LTD

Amount : **S\$13,279.95**

SINGAPORE DOLLARS THIRTEEN THOUSAND TWO HUNDRED SEVENTY-  
NINE AND CENTS NINETY-FIVE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R

Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022

Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD

Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	11,181.50
(3) Loss of Use/Rental/ <del>Earning</del>	S\$	2,091.00
(4) <del>GIA/Police Reports/</del> Investigation Results/Search Fees	S\$	7.45
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
TOTAL . . . . .		<b>S\$ 13,279.95</b>

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Claimant Name: SHS Holdings Ltd.

NRIC No : UEN197502208Z

Signature : 



Date : 27/07/23



# CITY AUTO PTE LTD

*One Stop Automotive Solution*

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643  
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24hrs Towing Services Tel 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

## TAX INVOICE

Tax Invoice : I202207-000115

Date : 04/07/2022

Vehicle No. : PC1889R

Make / Model : NISSAN NV350 MICROBUS 2.5  
4DR 5AT ABS DRIVER AB

Mileage (km) : 0

Chassis No. : JN1TC2E26Z0000394

Accident Date : 25/01/2022

Claim No. : CC6/CTI22000963/ra3

Reference : JO202201-1137

Policy No. : GA552281

CHINA TAIPING INSURANCE (S) PTE LTD

NO. 3

ANSON RD

SPRINGLEAF TOWER

SINGAPORE 079909

Attention: MOTOR CLAIM DEPARTMENT

Contact : 62222366

Fax No. : 62247175

S/No. Particular	Amount
* Lumpsum repair	<u>S\$</u> 10,450.00

Total S\$: 10,450.00

GST @ 7% S\$: 731.50

Grand Total S\$: 11,181.50

CASH / NETS / CREDIT CARD PAYMENT ONLY

Customer's Signature/Co. Stamp

  
for CITY AUTO PTE LTD

Please note all works performed by City Auto Pte Ltd as performed in this invoice is subjected to the following Warranty conditions:

- 1) Any replacement of electrical components will carry 1 month warranty period from date of this invoice.
- 2) Any replacement of mechanical components will carry 3 months warranty period.

Please note that all warranty does not cover wear and tear conditions regardless of any components.

City Auto Pte Ltd reserves the right to determine any warranty conditions.

Thank You For Your Business !

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Our ref = PC 1229R

Print Date/Time : 26 Jan 2022 / 11:31:27

Receipt Date/Time : 26 Jan 2022 / 11:31:20

V202201-000464

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220126-001248

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - PC3474R As at 25 Jan 2022/07:45:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - PC3474R Enquiry Fee 20220126112851763174	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	421808XXXXXX1588	eNETS Credit Card		7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

# TAX INVOICE

GST REG. NO.: 200106276D

INVOICE TO.
PHILIP YEO HUI LIP BLK 755 PASIR RIS STREET 71 #03-144 SINGAPORE 510755

DATE	INVOICE NO.
10/3/2022	A 44285

		VHA NO.	DUE DATE	VEH NO.
V202203-000614		A 44285	10/3/2022	SML 4852 P
DESCRIPTION	NO. OF DAYS	RATE	AMOUNT	
RENTAL FROM 16 FEBRUARY 2022 TO 01 MARCH 2022 YOUR REF : PC 1889 R	13	120.00	1,560.00	
Account Name: BKW RENT A CAR PTE LTD Account No: 118-312-9991 Paynow UEN: 200106276D Bank: UNITED OVERSEAS BANK LTD (UOB) Branch: UOB Shaw Centre Branch Bank Address: 1 Scotts Road #03-04 Shaw Centre Singapore 228208 Bank Code: 7375 Branch Code: 018 Swift Code: UOVBSGSG  All cheques must be made payable to BKW RENT A CAR PTE LTD. *Please indicate the invoice number and vehicle number in the reference.		Subtotal	\$1,560.00	
		GST @ 7%	\$109.20	
		<b>TOTAL</b>	<b>\$1,669.20</b>	

## VEHICLE HIRING AGREEMENT

Workshop: 44285

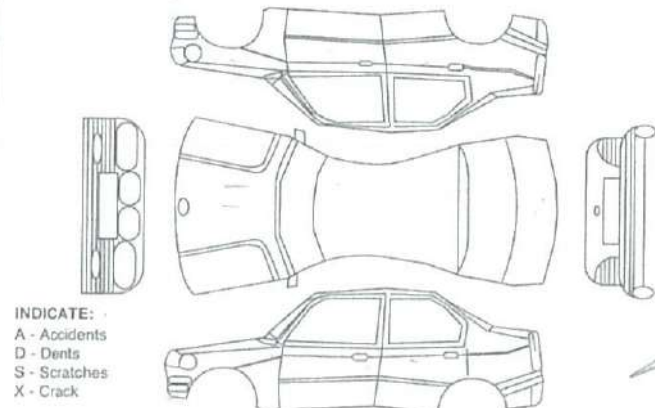
### HIRER'S PARTICULARS

Name (as in I/C): PHILIP TEO HUI JAY  
 NRIC/Passport No: [REDACTED] Date of Birth: 24/05/1956  
 Address: AP1 51617 71 # 03-144 S( 611725 ) Age: [REDACTED]  
 Name & Address of Employer: [REDACTED]  
 Occupation: [REDACTED] Driving Exp: [REDACTED]  
 Driving Licence No: [REDACTED] Passed Date: 19/5/1977  
 D/L Type: Local/Int'l/Others: [REDACTED]

### DRIVER'S PARTICULARS

Name (as in I/C): [REDACTED]  
 NRIC/Passport No: [REDACTED] Date of Birth: [REDACTED]  
 Address: [REDACTED] Age: [REDACTED]  
 Occupation: [REDACTED] Driving Exp: [REDACTED] Yrs  
 Driving Licence No: [REDACTED] Passed / Expiry Date: [REDACTED]  
 D/L Type: Local/Int'l/Others: [REDACTED] Contact No: [REDACTED]

Hirer's Own Vehicle No: <u>1-168 12</u>		Replace Veh No: <u>[REDACTED]</u>	
Loan Vehicle No: <u>242 4850 P</u>		VR No: <u>[REDACTED]</u>	
Make & Model: <u>[REDACTED]</u>		Auto/Manual Group: <u>[REDACTED]</u>	
CHARGES			
Daily	<u>13</u> day @ \$ <u>120</u>	Per day	\$ <u>1560</u>
Weekly/Monthly	week @ \$ <u>[REDACTED]</u>	Per week/Monthly	<u>[REDACTED]</u>
Others			
CDW/PAI	@ \$ <u>[REDACTED]</u>	Per day/Monthly	<u>[REDACTED]</u>
Delivery/Collection Svc			
GST <u>7%</u> \$ <u>109</u>			
OR No: <u>[REDACTED]</u> (A) SUB-TOTAL \$ <u>1669</u>			
Petrol Level & Surcharge	OUT	E	1/4
	IN		
First <u>[REDACTED]</u> km FREE per day		GST	
Excess mileage is chargeable at <u>[REDACTED]</u> cents per km		TOTAL CHARGES	



I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have been given BKW Rent A Car Pte Ltd in connection with this agreement is true.

### IMPORTANT

- The Hirer and the authorized driver must be over 23 years of age and under 70 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be borne by the Hirer/the Authorised Driver.
- All vehicles are supplied with petrol and should returned with petrol level likewise. A service charge of \$10 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
- No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.
- Use of the vehicle for illegal purpose (For instance: in connection with theft, drug peddling or trafficking, smuggling), is strictly prohibited.
- Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of BKW Rent A Car Pte Ltd. The hirer is liable for a penalty fee of \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
- The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
- The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including

- legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. The owner reserve the right not to replace an replacement vehicle if an accident occurred. Any damage to the car will be repair at BKW authorized workshop.
- Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$300 - \$500.
- The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-Hours Emergency Service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$60.00 per trip.
- In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
- The hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
- All customers' data will be kept strictly confidential and is solely used for the purpose of completing the sales transactions and other relating matters.
- I understand and agree to the personal data collection statement stated on the Terms and Conditions Page.

Date Out	Time Out	Mileage	Check By	Remarks
<u>11/2/22</u>	<u>[REDACTED]</u>	<u>416.53</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

Return Of Vehicle: The Hirer Driver Is Required To Sign In The Column "Signature Of Hirer Driver Failing Which The Day And Time Inserted Below Shall Be Deemed To Be The Day And Time The Vehicle Is Returned To BKW Rent A Car Pte Ltd And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Challenged Or Questioned On Any Account Whatsoever. And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)

Date In	Time In	Mileage	Check By	Remarks
<u>11/03/2022</u>	<u>11:20</u>	<u>484.5</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

Hirer's/Driver Signature

Hirer's/Driver Signature

## SEE HUP SENG CP PTE LTD

Taxi and Petrol Claim - (Accident@PC1889R -25/01/2022 to 16/2/2022)

Date	Destination	Amount	Receipt no	Passengers
25.01.2022	from 81 tuas south street 5 to pasir ris	37.30	grab	philip
26.01.2022	from bedok to pasir ris and 81 tuas south street 5	50.50	51699	mohd/ah gu/tan wan heng/philip
26.01.2022	from 81 tuas south street 5 to pasir ris and bedok	61.70	3005403150	mohd/ah gu/tan wan heng/philip
27.01.2022	from pasir ris to 81 tuas south street 5	42.30	grab	philip
27.01.2022	from 81 tuas south street 5 to pasir ris	37.30	grab	philip
28.01.2022	from punggol to bukit panjang and 81 tuas south street 5	51.60	3005408127	lay hoon/dovine/noriza
28.01.2022	from 81 tuas south street 5 to bukit panjang and punggol	57.65	3005410387	lay hoon/dovine/noriza
28.01.2022	from bedok to tampines, pasir ris and 81 tuas south street 5	51.05	12806235	mohd/mdm goh/chin hui/philip
28.01.2022	from 81 tuas south street 5 to pasir ris, tampines and bedok	74.00	3005410501	mohd/mdm goh/chin hui/philip
03.02.2022	from bukit panjang to 81 tuas south street 5	24.15	4932	dovine
03.02.2022	from 81 tuas south street 5 to bukit panjang	31.50	5103747668	loke/dovine/roy
03.02.2022	from bedok to tampines, punggol and 81 tuas south street 5	51.90	3005432454	mohd/mdm goh/chin hui/lay hoon
03.02.2022	from 81 tuas south street 5 to punggol, tampines and bedok	53.50	4005426070	mohd/chin hui/lay hoon
04.02.2022	from bukit panjang to 81 tuas south street 5	23.70	15797	loke/dovine
04.02.2022	from bedok to tampines and 81 tuas south street 5	51.90	20406101	mohd/chin hui/mdm goh/ah gu
04.02.2022	from 81 tuas south street 5 to tampines and bedok	46.60	20417001	mohd/chin hui/ah gu
07.02.2022	from bedok to tampines and 81 tuas south street 5	50.80	5104116818	mohd/chin hui/mdm goh/ah gu
07.02.2022	from 81 tuas south street 5 to sin ming, tampines and bedok	52.75	5104175993	mdm goh/chin hui/ah gu/mohd
07.02.2022	from pasir ris to punggol, bukit panjang and 81 tuas south street 5	60.75	4005436822	philip/lay hoon/loke
07.02.2022	from 81 tuas south street 5 to bukit panjang, punggol and pasir ris	61.00	3005445095	philip/lay hoon/loke
10.02.2022	from bukit panjang to 81 tuas south street 5	24.65	21007182	loke/dovine
10.02.2022	from 81 tuas south street 5 to bukit panjang	27.70	4005447111	loke/dovine/Roy
11.02.2022	from bukit panjang to 81 tuas south street 5	23.80	21007182	loke/dovine
14.02.2022	from bukit panjang to 81 tuas south street 5	24.65	40590	Noriza/loke/dovine
14.02.2022	from 81 tuas south street 5 to bukit panjang	28.40	4005459598	Noriza/loke/dovine/Roy
15.02.2022	from bukit panjang to 81 tuas south street 5	23.85	1732	Noriza/loke
16.02.2022	from bukit panjang to 81 tuas south street 5	23.30	9053	Noriza/loke/dovine
16.02.2022	from 81 tuas south street 5 to bukit panjang	28.15	4005465021	Noriza/loke/dovine/Roy

1,176.45

21:03

Mail



PAR



19



Get by Thu 10 Feb-Sat 12 Feb



LOKE YEW CHOONG 98001889

Singapore, Singapore, 102 GANGSA ROAD, 09-13



Zowaco >



Rion HB-23P Hearing Instrument

No Warranty

\$233.00

Qty:1

Cancel



Chat Now >

Order No. 72455385483227  Copy

Placed on: 08 Feb 2022 14:52:51

Paid on: 08 Feb 2022 14:52:54

Subtotal(1 Item) \$233.00

Shipping Fee \$1.49

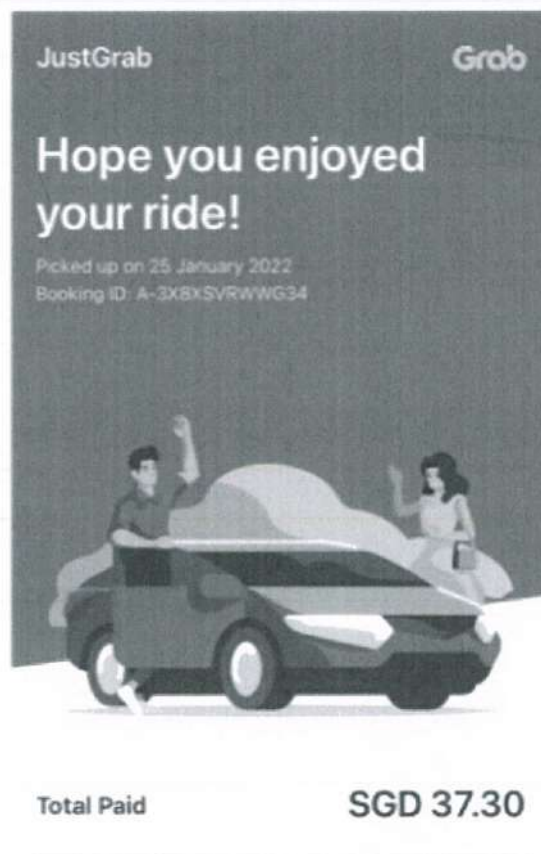
Shipping Fee Promotion -\$1.49

Shop Voucher -\$8.00

**Total(GST Incl.): \$225.00**

phillip Yeo

c Accident Ins. claim ~~PC1899R~~



Return  
Taxi on 25 January 2022  
Van involved in accident.  
*[Signature]*

Total Paid

SGD 37.30

Thanks for riding with Mohamed Raffi Bin Abdul Rashid.



5.0 ★

Compliments for driver

**Clean & Comfy**

## Breakdown

Metered fare

37.00

Platform Fee

0.30

Total Paid

37.30

Passenger

Philip

Profile

PERSONAL

Paid by



Cash

37.30

Mohd Noor

Accident Ins. Claim - PC188912

Premier Taxi Pte Ltd  
Reg No. 20 0304975-11  
TAXI NO SH063290

RECEIPT NO. 3601760620  
START 26/01/2022 06:30  
END 26/01/2022 07:30  
DISTANCE RUN 53.1KM

METER FARE \$40.42  
PEAK HOUR \$10.10

TOTAL \$50.52  
\$50.50

MOHD  
Ah Gu  
Ah Tan  
Philip

CITYCAB PTE LTD  
SHD8819L

TRIP NO 3005401150  
START 26/01/2022 16:54  
END 26/01/2022 17:53  
DISTANCE RUN 54.00 KM

METER FARE \$ 53.70  
ADV BOOKING \$ 8.00  
TOTAL FARE \$ 61.70

AMOUNT PAID \$ 61.70

MOHD  
Ah Gu  
Ah Tan  
Philip

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended

Total Paid

SGD 37.30

Thanks for riding with Abdul Gaffor S/O Manik Miah.



5.0 ★

Compliments for driver

*Philip Yeo*

**Excellent Service**

## Breakdown

Metered fare

37.00

Platform Fee

0.30

Total Paid

37.30

Passenger

Philip

Profile

PERSONAL

Paid by

☐ \$ Cash

*Return fare on 28/1/2020.  
Vehicle in workshop  
after accident.*

*[Signature]*  
28/1/2020

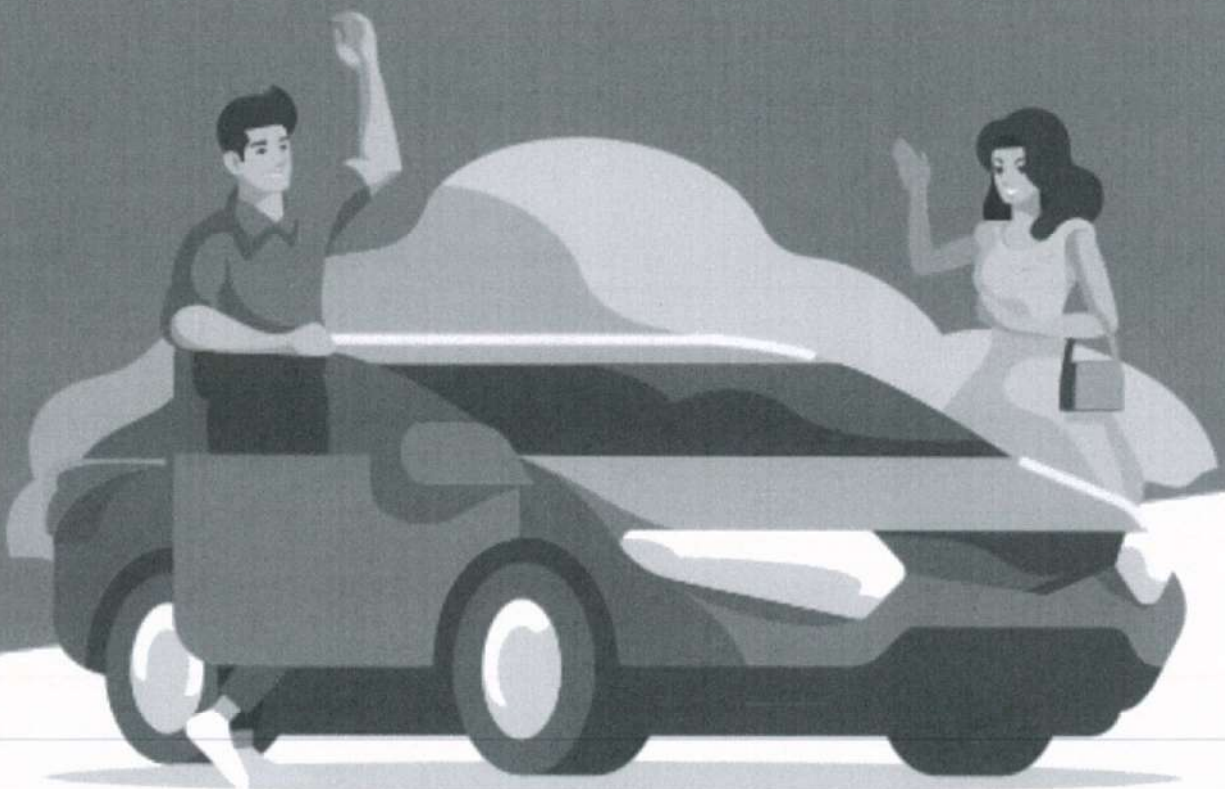
37.30

JustGrab

Grab

# Hope you enjoyed your ride!

Picked up on 27 January 2022  
Booking ID: A-3XG8R5LGWETS



Total Paid

SGD 27.20

Philip Yeo

Accident Ins. Claim - PC1889R



Grab  
To You

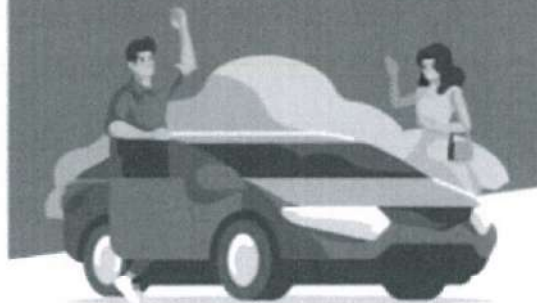
7:13 AM

JustGrab

Grab

Hope you enjoyed  
your ride!

Picked up on 27 January 2022  
Booking ID: A-3XEEM23WWBX



Total Paid

SGD 42.30

Fare to office on 27 January 2022.

  
28/1/2022

Thanks for riding with Chua Yong Yap Joseph.



5.0 ★

Compliments for driver

**Clean & Comfy**

## Breakdown

Metered fare	42.00
--------------	-------

Platform Fee	0.30
--------------	------

Total Paid	42.30
------------	-------

Passenger

Philip

Profile

PERSONAL

Paid by



Cash

42.30

Previous Taxis Pte Ltd  
Reg No 20 0301925 H

Taxi No. SHD0954Y  
TRIP NO 012806235  
START 28/01/2022 06:23  
END 28/01/2022 07:12  
DISTANCE RUN 54.2KM  
METER FARE \$40.86  
PEAK HOUR \$10.21  
Total \$51.07  
Paid Cash \$51.05

TRIP WITH PREVIOUS

CITYCAB PTE LTD  
SHD8819L

TRIP NO 3005410501  
START 28/01/2022 17:05  
END 28/01/2022 18:29  
DISTANCE RUN 57.60 KM

METER FARE \$ 62.70  
ADU BOOKING \$ 8.00  
PEAK HOUR 25% \$ 3.30  
TOTAL FARE \$ 74.00  
AMOUNT PAID \$ 74.00

With immediate effect,  
credit card acceptance

Lay Hoon / Dvine  
Noriz  
COMFORT TRANSPORTATION  
SH 9299D

DUPLICATE

TRIP NO 3005408127  
START 28/01/2022 07:05  
END 28/01/2022 08:13  
DISTANCE RUN 50.90 KM

METER FARE \$ 38.65  
CURR BOOKING \$ 3.30  
PEAK HOUR 25% \$ 9.65  
TOTAL FARE \$ 51.60  
AMOUNT PAID \$ 51.60

With immediate effect,  
credit card acceptance

SHD8819L

TRIP NO 3005410501  
START 28/01/2022 17:05  
END 28/01/2022 18:29  
DISTANCE RUN 57.60 KM

METER FARE \$ 62.70  
ADU BOOKING \$ 8.00  
PEAK HOUR 25% \$ 3.30  
TOTAL FARE \$ 74.00  
AMOUNT PAID \$ 74.00

With immediate effect,  
credit card acceptance

*Drive only*  
**TRANS**  
**-cab**

SHP001  
MILEAGE N 4032  
START 03/07/2022 08:05  
END 03/07/2022 08:17  
METER RUN 23.30  
FARE 13.30

PERM 20P 4.85  
TOTAL S\$ 24.15  
FEEDBACK HOTLINE  
187 2 6888 8888

TRIP NO 4032454  
START 03/07/2022 07:20  
END 03/07/2022 08:17  
DISTANCE RUN 53.60 KM

METER FARE \$ 10.90  
CURR BOOKING \$ 1.30  
PEAK HOUR 20P \$ 9.70  
TOTAL FARE \$ 21.90

AMOUNT PAID \$ 21.90

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended

CITYCAB PTE LTD  
SHP001

TRIP NO 40324670  
START 03/07/2022 17:00  
END 03/07/2022 18:21  
DISTANCE RUN 16.70 KM

METER FARE \$ 43.70  
ADV BOOKING \$ 8.00  
PEAK HOUR 20P \$ 1.80  
TOTAL FARE \$ 53.50

AMOUNT PAID \$ 53.50

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be

CITYCAB PTE LTD  
SHP0455

*Mr Wke*

TRIP NO 5103243558  
START 03/07/2022 17:17  
END 03/07/2022 17:40  
DISTANCE RUN 24.40 KM

CONTRIBUTOR \$ 31.50  
TOTAL FARE \$ 31.50

AMOUNT PAID \$ 31.50

Check out trip account  
by taxi company for our  
promotions

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended

*PTo*



PRIME TAXI

0000  
CITYCAB PTE LTD  
002937

SHD24250  
Cash  
15/97  
04/01/2022 07:11  
04/01/2022 07:39  
21.5KM  
\$18.98  
\$4.75  
\$23.73  
\$23.73

CITYCAB PTE LTD  
SHD24250

TRIP NO 000406101  
START 04/01/2022 06:10  
END 04/01/2022 07:27  
DISTANCE RUN 11.50 KM

METER FARE \$ 41.50  
PEAK HOUR 20% \$ 10.40  
TOTAL FARE \$ 51.90  
AMOUNT PAID \$ 51.90

With immediate effect,  
credit card acceptance  
on the cashless payment

CITYCAB PTE LTD  
SHD24250

TRIP NO 000410001  
START 04/01/2022 17:00  
END 04/01/2022 18:30  
DISTANCE RUN 11.50 KM

METER FARE \$ 41.95  
PEAK HOUR 20% \$ 2.65  
TOTAL FARE \$ 44.60  
AMOUNT PAID \$ 44.60

With immediate effect,  
credit card acceptance

**COMFORT TAXI CORPORATION**  
**RECEIPT**

TRIP NO: 100010010  
START: 02/02/2002 17:00  
END: 02/02/2002 18:25  
DISTANCE: 10.00 KM

FARE: 10.00  
TAX: 2.00  
TOTAL: 12.00

AMOUNT PAID: 12.00

**CITYCAB PTE LTD**  
**SHC7262C**

TRIP NO: 5104175993  
START: 02/02/2002 17:00  
END: 02/02/2002 18:25  
DISTANCE: 10.00 KM

FARE: 12.20  
ADD BONUS: 8.00  
PEAK HOUR: 2.55  
TOTAL FARE: 52.75

AMOUNT PAID: 52.75

Check out <http://www.citycab.com.sg>  
for our promotions

With Inland Revenue credit card acceptance  
on the cashless payment system will be

Philip Yeo

Under Accident Ins. Claim

- PC1889R

COMFORT  
SHD6625S

TRIP NO 3005445095  
START 07/02/2022 16:40  
END 07/02/2022 18:41  
DISTANCE RUN 52.00 KM  
NETS 000010  
111655519000 164859  
PURCHASE CDB  
DBS BANK  
07 Feb, 2022 18:02:06  
APPROVAL 125791  
STAN 164859

METER FARE \$ 52.00  
ADV BOOKING \$ 8.00  
PEAK HOUR 25% \$ 0.20  
TOTAL FARE \$ 60.20  
FEE(GST INCL) \$ 0.30  
AMOUNT PAID \$ 60.50

GST M2-0113048-4

APPROVED

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be

COMFORT TRANSPORTATION  
SHC2462B

TRIP NO 3005436822  
START 07/02/2022 06:34  
END 07/02/2022 07:49  
DISTANCE RUN 53.00 KM  
NETS 000004  
111704427000 70442759  
PURCHASE DEF  
DBS BANK  
07 Feb, 2022 07:50:37  
APPROVAL 770374  
STAN 000380

METER FARE \$ 41.95  
ADV BOOKING \$ 8.00  
PEAK HOUR 25% \$ 10.50  
TOTAL FARE \$ 60.45  
FEE(GST INCL) \$ 0.30  
AMOUNT PAID \$ 60.75

GST M2-0113048-4

APPROVED

With immediate effect,  
credit card acceptance

Card Fare to office on 7 January 2022  
Laythorn, Luke and Philip.



Mr. Lake  
CITYCAB PTE LTD  
SHB3077D

TRIP NO 021007182  
START 10/02/2022 07:18  
END 10/02/2022 07:53  
DISTANCE RUN 23.20 KM

METER FARE \$ 19.70  
PEAK HOUR 25% \$ 4.95  
TOTAL FARE \$ 24.65

AMOUNT PAID \$ 24.65

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended

Mr. Lake  
CITYCAB PTE LTD  
SHD8609B

TRIP NO 4005447111  
START 10/02/2022 16:59  
END 10/02/2022 17:33  
DISTANCE RUN 22.70 KM

METER FARE \$ 19.70  
ADV BOOKING \$ 8.00  
TOTAL FARE \$ 27.70

AMOUNT PAID \$ 27.70

Check out <https://www.cdgtaxi.com.sg> for our promotions

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended

Mr. Lake  
CITYCAB PTE LTD  
SHB3077D

TRIP NO 021007182  
START 10/02/2022 07:18  
END 10/02/2022 07:53  
DISTANCE RUN 23.20 KM

METER FARE \$ 19.70  
PEAK HOUR 25% \$ 4.95  
TOTAL FARE \$ 24.65

AMOUNT PAID \$ 24.65

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended

Mr. Lake  
CITYCAB PTE LTD  
SHD8609B

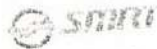
TRIP NO 4005447111  
START 10/02/2022 16:59  
END 10/02/2022 17:33  
DISTANCE RUN 22.70 KM

METER FARE \$ 19.70  
ADV BOOKING \$ 8.00  
TOTAL FARE \$ 27.70

AMOUNT PAID \$ 27.70

Check out <https://www.cdgtaxi.com.sg> for our promotions

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended



DIAL-A-CAB  
TEL: 6555 8888

RECEIPT N: 51699  
METER N: 51699  
DATE: 11/02/22 07:59  
TO: 11/02/22 07:59  
KM RUN: 22.0  
FARE: 19.00

PEAK 25% 4.75  
TOTAL \$5 23.75

SMRT is a registered trademark of the Singapore Land Authority.  
SMRT is a registered trademark of the Singapore Land Authority.



DIAL-A-CAB  
TEL: 6555 8888

RECEIPT N: 51699  
METER N: 51699  
DATE: 11/02/22 07:59  
TO: 11/02/22 07:59  
KM RUN: 22.0  
FARE: 19.00

PEAK 25% 4.75  
TOTAL \$5 23.75  
HAVE A NICE DAY

Noriza - Claim  
Accident Ins. Claim - PC 1889R

Loke Nong Donnie Roy

CITYCAB PTE LTD  
SHA0959J

TRIP NO 4005459598  
START 14/02/2022 17:00  
END 14/02/2022 17:34  
DISTANCE RUN 24.80 KM

METER FARE \$ 20.40  
ADV BOOKING \$ 8.00  
TOTAL FARE \$ 28.40

AMOUNT PAID \$ 28.40

Check out <https://www.edgtaxi.com.sg> for our promotions

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended.

Loke Nong Donnie Roy

COMFORT TRANSPORTATION  
SHC3211C

TRIP NO 4005465021  
START 16/02/2022 16:56  
END 16/02/2022 17:30  
DISTANCE RUN 22.70 KM

METER FARE \$ 20.15  
ADV BOOKING \$ 8.00  
TOTAL FARE \$ 28.15

AMOUNT PAID \$ 28.15

With immediate effect,  
credit card acceptance  
on the cashless payment  
terminal will be  
temporarily suspended

NORIZA/DOVINE/LOKE

TRIDES

TAXI

BOOKING HOTLINE

6555 8888

94061908

TRIP NO 14/02/2022 17:00  
TO 14/02/2022 17:34  
KILOMETER 23.1  
FARE 19.14

PEAK 25% 9.05

TOTAL \$5 24.69

DAY

124.65

NORIZA LOKE

TRANS 得  
cab 運

TAXI NO. SHD0016P  
Payment Cash  
RECEIPT NO. 1732

START 15/02/2022 07:31  
END 15/02/2022 08:04  
Distance Run 23.0KM  
METER FARE \$19.00  
PEAK HOUR \$4.77  
Service Fee \$0.00

Total Fare \$23.85

Thank you for travelling

NORIZA DOVINE LOKE

TRANS 得  
cab 運

TAXI NO. SHD5524G  
Payment Cash  
RECEIPT NO. 9053

START 16/02/2022 07:19  
END 16/02/2022 07:51  
Distance Run 23.0KM  
METER FARE \$18.64  
PEAK HOUR \$4.66  
Service Fee \$0.00

Total Fare \$23.30

Thank you for travelling

# Accident Insurance Claim

S/No	Name	Nric No / Fin No	Visit Date	Case Number / Bill No	Hospital / Clinic	Amount	Medical Leave	Medical Leave
1	Gan Chin Hui	G2022784U	25/1/2022	16211451D	Ng Teng Fong	\$ 133.95	25/1/22 to 27/1/22	3
2	Goh Siah Keng	S1277192D	25/1/2022	16211414Z	Ng Teng Fong	\$ 127.00	25/1/22 to 27/1/22	3
3	Chew Lay Hoon	S7827661D	25/1/2022	16211427A	Ng Teng Fong	\$ 133.95	25/1/22 to 27/1/22	3
4	Loke Yew Choong	S0226807H	25/1/2022	16211431Z	Ng Teng Fong	\$ 127.00	25/1/2022	1
5	Noriza	S2193742H	25/1/2022	16211426C	Ng Teng Fong	\$ 127.00	25/1/22 to 26/1/22	2
			27/1/2022	183648	Healthsprings Medical Clinic	\$ 59.35	27/1/2022	1
6	Lau Khar Mueh	S7200786G	26/1/2022	415288	SP Clinic	\$ 22.00	26/1/22 to 27/1/22	2
7	Ng Peng Sock	S0092915H	27/1/2022	52761	Balkis Family Clinic	\$ 46.00	27/1/22 to 28/1/22	2
8	Tan Wan Heng	S0092751A	27/1/2022	GPC026297	Temasek Medical	\$ 10.00	27/1/22 to 28/1/22	2

S\$ 786.25



# TAX INVOICE

MS. GAN CHIN HUI

81 TUAS SOUTH STREET 5  
C/O LESOON EQUIPMENT PTE LTD  
SINGAPORE 637651

BILL REF. NO.  
16211451D

BILL DATE  
25 JAN 2022

NRIC / FIN / MRN  
GXXXX784U

LOCATION  
NTFGH

VISIT DATE ► 25 JAN 2022 09:25 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	265.15
GOVT SUBSIDY	\$	-131.17
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>133.98</b>
7% GST	\$	9.38
GST absorbed by Govt	\$	-9.38
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>133.98</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>133.98</b>
Net Payment made	\$	-133.95
Adjustment(s)	\$	-0.03
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>0.00</b>

**\$ 0.00**

FINAL AMOUNT PAYABLE

## CHARGES

CASE NO.	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
9220321821F	ACCIDENT & EMERGENCY / NA		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		254.00	127.00
ORPHENADRINE 35MG/PARACETAMO L 450MG TAB		2.00	0.00
ETORICOXIB 120MG TABLET		4.35	2.18
KETOPROFEN 30MG PLAST (KEFENTECH) 7S/8S		4.80	4.80
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	265.15	
	GOVT SUBSIDY	-131.17	
	TOTAL AMOUNT (BEFORE GST)		133.98
	7% GST		9.38
	GST absorbed by Govt (for subsidised patient only)		-9.38
	Subtotal		133.98
	<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>		<b>133.98</b>



**TAX INVOICE**

BILL REF. NO.  
**16211451D**

BILL DATE  
**25 JAN 2022**

NRIC / FIN / MRN  
**GXXXX784U**

PATIENT NAME  
**MS. GAN CHIN HUI**

**PAYMENT SUMMARY**

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		133.98
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MS. GAN CHIN HUI		133.98

MS. GAN CHIN HUI	TOTAL AMOUNT PAYABLE		133.98
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MS. GAN CHIN HUI			-133.95
		Net Payment made	-133.95
		Adjustment(s)	-0.03

Receipt No: J001687890 \$ 133.95

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

**FINAL AMOUNT PAYABLE \$ 0.00**

**PAYMENT OPTIONS & ADVISORY**

**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.

## AFTER VISIT SUMMARY

**NAME:** GAN CHIN HUI

**MRN:** G2022784U

**ADDRESS:**  
81 TUAS SOUTH STREET 5  
C/O LESOON EQUIPMENT PTE LTD  
Singapore 637651

**DOB:** 9/2/1992  
**AGE:** 29 y.o.  
**GENDER:** F

**PHONE:** 8188 8093 (Mobile)

### DIAGNOSIS

#### ED Arrival Information

Arrival	Means of arrival	Escorted by
25/1/2022 09:25	SCDF Ambulance	-

#### Primary Physician

Primary Physician  
HONG, Chu Chun

#### Diagnosis

	Comments
Neck sprain - Primary	

#### Disposition Plan

ED Disposal	Comment
Discharged	

#### Allergies (Reviewed on: 25/01/22)

No Known Allergies
--------------------

#### Procedure Orders

None
------

### DISPOSITION

#### Medical Certificate/ Light Duty/ Time Chit

MC ID	Issued	Type	Start Date	End Date	Duration (Days)	Question	Answer
1195447937	Medical Certificate	Outpatient Sick Leave	25 Jan 2022	27 Jan 2022	3	Certificate Eligible for Court Absence Class	No Print

#### Discharge Medications

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
------------	--------------	----------	------------	----------	----------------

**Discharge Medications (continued)**

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
Etoricoxib Tablet	Take 120 mg every morning when required for pain and/or inflammation (pain) for up to 5 days.		25/1/2022	30/1/2022	Chun Hong CHU
Paracetamol 450mg, Orphenadrine Citrate 35mg Tablet	Take 2 tablets 3 times a day when required for pain for up to 3 days.		25/1/2022	28/1/2022	Chun Hong CHU
Ketoprofen 30mg Plaster	Apply 1 plaster to affected area 2 times a day when required for pain for up to 5 days.		25/1/2022	30/1/2022	Chun Hong CHU

**Referral Orders**

None

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.

MEDICAL CERTIFICATE (Ref:1195447937)

ORIGINAL

NAME: GAN CHIN HUI

NRIC: G2022784U

Type of Medical Leave granted: **Outpatient Sick Leave**


The above named is unfit for duty for **3 day(s)** from **25/01/2022** to **27/01/2022** Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **25/01/2022 09:25** to **25/01/2022 10:47**.

25/01/2022  
Date

Dr. Chun Hong CHU (18923E)  
Issued by

  
Signature

Location: NTFGH EMERGENCY



**TAX INVOICE**

MDM. GOH SIAH KENG

BILL REF. NO.  
**16211414Z**

BILL DATE  
**25 JAN 2022**

NRIC / FIN / MRN  
**SXXXX192D**

LOCATION  
**NTFGH**

VISIT DATE ► **25 JAN 2022 09:21 AM**

BLK 833 #13-24  
TAMPINESS STREET 83  
SINGAPORE 520833

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	259.78
GOVT SUBSIDY	\$	-132.78
TOTAL AMOUNT (BEFORE GST)	\$	127.00
7% GST	\$	8.89
GST absorbed by Govt	\$	-8.89
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	127.00
TOTAL AMOUNT PAYABLE	\$	127.00
Net Payment made	\$	-127.00
FINAL AMOUNT PAYABLE	\$	0.00

**\$ 0.00**

FINAL AMOUNT PAYABLE

**CHARGES**

CASE NO.	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
9220321806B	ACCIDENT & EMERGENCY / NA		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		254.00	127.00
ORPHENADRINE 35MG/PARACETAMO L 450MG TAB		2.00	0.00
IBUPROFEN 200MG TABLET		1.08	0.00
KETOPROFEN 2.5% GEL (FASTUM)		2.70	0.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	259.78	
	GOVT SUBSIDY	-132.78	
	TOTAL AMOUNT (BEFORE GST)		127.00
	7% GST		8.89
	GST absorbed by Govt (for subsidised patient only)		-8.89
	Subtotal		127.00
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		127.00



**TAX INVOICE**

BILL REF. NO.  
**16211414Z**

BILL DATE  
**25 JAN 2022**

NRIC / FIN / MRN  
**SXXXX192D**

PATIENT NAME  
**MDM. GOH SIAH KENG**

**PAYMENT SUMMARY**

TOTAL AMOUNT (AFTER GOVT SUBSIDY)			127.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)	
MDM. GOH SIAH KENG		127.00	
MDM. GOH SIAH KENG			TOTAL AMOUNT PAYABLE
			127.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MDM. GOH SIAH KENG			-127.00
Receipt No: J001687868 \$ 127.00			Net Payment made
			-127.00

**FINAL AMOUNT PAYABLE \$ 0.00**

**PAYMENT OPTIONS & ADVISORY**

**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.



## AFTER VISIT SUMMARY

**NAME:** GOH SIAH KENG

**MRN:** S1277192D

**ADDRESS:**  
833 TAMPINESS STREET 83  
#13-24  
Singapore 520833

**DOB:** 28/4/1957  
**AGE:** 64 y.o.  
**GENDER:** F

**PHONE:** 9788 2839 (Mobile)

### DIAGNOSIS

#### ED Arrival Information

Arrival	Means of arrival	Escorted by
25/1/2022 09:21	SCDF Ambulance	-

#### Primary Physician

Primary Physician  
HONG, Chu Chun

#### Diagnosis

Neck sprain - Primary

Comments

#### Disposition Plan

ED Disposal	Comment
Discharged	

#### Allergies (Reviewed on: 25/01/22)

Agent	Severity	Comments
Sulfamethoxazole		
Trimethoprim		

#### Procedure Orders

None

### DISPOSITION

#### Medical Certificate/ Light Duty/ Time Chit

MC ID	Issued	Type	Start Date	End Date	Duration (Days)	Question	Answer
1195444066	Medical Certificate	Outpatient Sick Leave	25 Jan 2022	27 Jan 2022	3	Certificate Eligible for Court Absence Class	No  Print

#### Discharge Medications

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
------------	--------------	----------	------------	----------	----------------

**Discharge Medications (continued)**

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
Paracetamol 450mg, Orphenadrine Citrate 35mg Tablet	Take 2 tablets 3 times a day when required for pain for up to 3 days.		25/1/2022	28/1/2022	Chun Hong CHU
Ibuprofen Tablet	Take 200 mg 3 times a day when required for pain and inflammation for up to 3 days.		25/1/2022	28/1/2022	Chun Hong CHU
Ketoprofen (FASTUM) 2.5% Gel	Apply 1 application to affected area 2 times a day when required for pain for up to 5 days.		25/1/2022	30/1/2022	Chun Hong CHU

**Referral Orders**

None

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.



Ng Teng Fong  
General Hospital

MEDICAL CERTIFICATE (Ref:1195444066)

ORIGINAL

NAME: GOH SIAH KENG

NRIC: S1277192D

Type of Medical Leave granted: **Outpatient Sick Leave**

The above named is unfit for duty for **3 day(s)** from **25/01/2022** to **27/01/2022** Inclusive.

The certificate is not valid for absence from court attendance.


The aboved name was in Emergency Department from **25/01/2022 09:21** to **25/01/2022 10:42**.

25/01/2022

Date

Dr. Chun Hong CHU (18923E)

Issued by

  
Signature

Location: NTFGH EMERGENCY

**MS. CHEW LAY HOON (ZHOU LIYUN)**

BLK 128B #14-361  
PUNGGOL FIELD WALK  
SINGAPORE 822128

BILL REF. NO.  
**16211427A**

BILL DATE  
**25 JAN 2022**

NRIC / FIN / MRN  
**SXXXX661D**

LOCATION  
**NTFGH**

VISIT DATE ► **25 JAN 2022 09:22 AM**

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	265.15
GOVT SUBSIDY	\$	-131.17
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>133.98</b>
7% GST	\$	9.38
GST absorbed by Govt	\$	-9.38
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>133.98</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>133.98</b>
Net Payment made	\$	-133.95
Adjustment(s)	\$	-0.03
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>0.00</b>

**\$ 0.00**

**FINAL AMOUNT PAYABLE**

### CHARGES

CASE NO.	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
9220321812G	ACCIDENT & EMERGENCY / NA		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		254.00	127.00
ORPHENADRINE 35MG/PARACETAMO L 450MG TAB		2.00	0.00
ETORICOXIB 120MG TABLET		4.35	2.18
KETOPROFEN 30MG PLAST (KEFENTECH) 7S/8S		4.80	4.80
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	265.15	
	GOVT SUBSIDY	-131.17	
	<b>TOTAL AMOUNT (BEFORE GST)</b>		<b>133.98</b>
	7% GST		9.38
	GST absorbed by Govt (for subsidised patient only)		-9.38
	<b>Subtotal</b>		<b>133.98</b>
	<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>		<b>133.98</b>



**TAX INVOICE**

BILL REF. NO.  
**16211427A**

BILL DATE  
**25 JAN 2022**

NRIC / FIN / MRN  
**SXXXX661D**

PATIENT NAME  
**MS. CHEW LAY HOON (ZHOU LIYUN)**

**PAYMENT SUMMARY**

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		133.98
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MS. CHEW LAY HOON (ZHOU LIYUN)		133.98

MS. CHEW LAY HOON (ZHOU LIYUN)		TOTAL AMOUNT PAYABLE	133.98
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MS. CHEW LAY HOON (ZHOU LIYUN)			-133.95
Receipt No: J001687857 \$ 133.95		Net Payment made	-133.95
The amount payable by patient has been rounded down to the nearest cents.		Adjustment(s)	-0.03

**FINAL AMOUNT PAYABLE \$ 0.00**

**PAYMENT OPTIONS & ADVISORY**

**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.



NG TENG FONG GENERAL HOSPITAL  
EMERGENCY DEPARTMENT

## AFTER VISIT SUMMARY

**NAME:** CHEW LAY HOON (ZHOU LIYUN)

**MRN:** S7827661D

**ADDRESS:**  
128B PUNGGOL FIELD WALK  
#14-361  
Singapore 822128

**DOB:** 23/9/1978  
**AGE:** 43 y.o.  
**GENDER:** F

**PHONE:** 6315 7602 (Home Phone)  
9664 9247 (Mobile)

### DIAGNOSIS

#### ED Arrival Information

Arrival	Means of arrival	Escorted by
25/1/2022 09:22	SCDF Ambulance	-

#### Primary Physician

Primary Physician  
HONG, Chu Chun

#### Diagnosis

	Comments
Neck sprain - Primary	

#### Disposition Plan

ED Disposal	Comment
Discharged	

#### Allergies (Reviewed on: 25/01/22)

Agent	Severity	Comments
Chlorphenamine		

#### Procedure Orders

None
------

### DISPOSITION

#### Medical Certificate/ Light Duty/ Time Chit

MC ID	Issued	Type	Start Date	End Date	Duration (Days)	Question	Answer
1195439439	Medical Certificate	Outpatient Sick Leave	25 Jan 2022	27 Jan 2022	3	Certificate Eligible for Court Absence Class	No Print

#### Discharge Medications

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
------------	--------------	----------	------------	----------	----------------

**Discharge Medications (continued)**

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
<b>Etoricoxib Tablet</b>	Take 120 mg every morning when required for pain and/or inflammation (pain) for up to 5 days.		25/1/2022	30/1/2022	Chun Hong CHU
<b>Paracetamol 450mg, Orphenadrine Citrate 35mg Tablet</b>	Take 2 tablets 3 times a day when required for pain for up to 3 days.		25/1/2022	28/1/2022	Chun Hong CHU
<b>Ketoprofen 30mg Plaster</b>	Apply 1 plaster to affected area 2 times a day when required for pain for up to 5 days.		25/1/2022	30/1/2022	Chun Hong CHU

**Referral Orders**

None

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.



Ng Teng Fong  
General Hospital

MEDICAL CERTIFICATE (Ref:1195439439)

ORIGINAL

NAME: CHEW LAY HOON (ZHOU LIYUN)

NRIC: S7827661D

Type of Medical Leave granted: **Outpatient Sick Leave**

The above named is unfit for duty for **3 day(s)** from **25/01/2022** to **27/01/2022** Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **25/01/2022 09:22** to **25/01/2022 10:36**.

25/01/2022  
Date

Dr. Chun Hong CHU (18923E)  
Issued by

  
Signature

Location: NTFGH EMERGENCY



**TAX INVOICE**

MR. LOKE YEW CHOONG

BILL REF. NO.  
**16211431Z**

BILL DATE  
**25 JAN 2022**

NRIC / FIN / MRN  
**S0226807H**

LOCATION  
**NTFGH**

VISIT DATE ► **25 JAN 2022 09:23 AM**

BLK 102 #09-13  
GANGSA ROAD  
SINGAPORE 670102

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	304.09
GOVT SUBSIDY	\$	-177.09
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>127.00</b>
7% GST	\$	8.89
GST absorbed by Govt	\$	-8.89
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>127.00</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>127.00</b>
Net Payment made	\$	-127.00
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>0.00</b>

**\$ 0.00**

FINAL AMOUNT PAYABLE

**CHARGES**

CASE NO.	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
<b>9220321814C</b>	<b>ACCIDENT &amp; EMERGENCY / NA</b>		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		254.00	127.00
PARACETAMOL 500MG TABLET		1.50	0.00
CHLORHEXIDINE 1% CR 15G		1.70	0.00
TETANUS TOXOID VAC (SINGLE DOSE)0.5ML(F)		19.29	0.00
WOUND CARE (SIMPLE)		27.60	0.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)		304.09	
GOVT SUBSIDY		-177.09	
TOTAL AMOUNT (BEFORE GST)			127.00
7% GST			8.89
GST absorbed by Govt (for subsidised patient only)			-8.89
Subtotal			127.00
TOTAL AMOUNT (AFTER GOVT SUBSIDY)			127.00



**TAX INVOICE**

BILL REF. NO.  
**16211431Z**

BILL DATE  
**25 JAN 2022**

NRIC / FIN / MRN  
**S0226807H**

PATIENT NAME  
**MR. LOKE YEW CHOONG**

**PAYMENT SUMMARY**

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		127.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. LOKE YEW CHOONG		127.00
MR. LOKE YEW CHOONG		TOTAL AMOUNT PAYABLE
		127.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE
MR. LOKE YEW CHOONG		AMOUNT (\$)
		-127.00
Receipt No: J001687830 \$ 127.00		Net Payment made
		-127.00
FINAL AMOUNT PAYABLE		\$ 0.00

**PAYMENT OPTIONS & ADVISORY**

**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.



## AFTER VISIT SUMMARY

**NAME:** LOKE YEW CHOONG

**MRN:** S0226807H

**ADDRESS:**  
102 GANGSA ROAD  
#09-13  
Singapore 670102

**DOB:** 3/10/1954  
**AGE:** 67 y.o.  
**GENDER:** M

**PHONE:** 6769 5164 (Home Phone)  
9178 8283 (Mobile)  
6769 5164 (Additional Home Phone)  
9779 7865 (Additional Work Phone)  
9178 8283 (Additional Mobile Phone)

### DIAGNOSIS

#### ED Arrival Information

Arrival	Means of arrival	Escorted by
25/1/2022 09:23	SCDF Ambulance	-

#### Primary Physician

Primary Physician  
JOAN, Chin Mei Leng

#### Diagnosis

Abrasion - Primary

Comments

#### Disposition Plan

ED Disposal	Comment
Discharged	

#### Allergies (Reviewed on: 25/01/22)

No Known Allergies

#### Procedure Orders

Start	Ordered	Status	Ordering Clinician
25/01/22 10:17	25/01/22 10:16 Wound care Once	Completed	CHIN MEI LENG JOAN

### DISPOSITION

#### Medical Certificate/ Light Duty/ Time Chit

MC ID	Issued	Type	Start Date	End Date	Duration (Days)	Question	Answer
1195357007	Medical Certificate	Outpatient Sick Leave	25 Jan 2022	25 Jan 2022	1	Certificate Eligible for Court Absence Class	No Print

#### Discharge Medications

**Discharge Medications (continued)**

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
Chlorhexidine 1% Cream	Apply 1 application to affected area 2 times a day for 3 days.		25/1/2022	28/1/2022	Joan Mei Leng CHIN
Paracetamol Tablet	Take 1 g 4 times a day when required for fever or pain for up to 3 days.		25/1/2022	28/1/2022	Joan Mei Leng CHIN

**Referral Orders**

None

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.



Ng Teng Fong  
General Hospital

MEDICAL CERTIFICATE (Ref:1195357007)

ORIGINAL

NAME: LOKE YEW CHOONG

NRIC: S0226807H

Type of Medical Leave granted: **Outpatient Sick Leave**

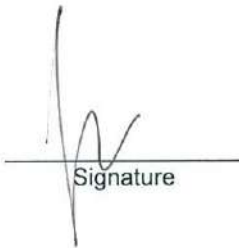
The above named is unfit for duty for 1 day(s) from **25/01/2022** to **25/01/2022** Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **25/01/2022 09:23** to **25/01/2022 10:21**.

25/01/2022  
Date

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

  
Signature

Location: NTFGH EMERGENCY

**HEALTHSPRINGS MEDICAL CLINIC**

BLK 524A JELAPANG ROAD #02-01/02 GREENRIDGE SHOPPING CENTRE, SINGAPORE  
671524

GST Reg No : 200820810M

Co Reg No : 200820810M

**TAX INVOICE**

NORIZA BTE MOHAMAD HASHIM  
533 BUKIT PANJANG RING ROAD  
#15-801  
S(670533)

Invoice No. : 183648  
Our Reference : 44596  
Date : 27 Jan 2022

Patient : NORIZA BTE MOHAMAD HASHIM(S2193742H)

Attending Doctor : DR SHARON BAY EE LIN

DESCRIPTION	QTY	FEE
SYNFLEX 275MG(NAPROXEN SODIUM)	20.00 tabs	\$17.00
FAMOTIDINE 20MG	10.00 tabs	\$3.50
KEFENTECH PLASTER	1.00 pkg	\$10.00
CONSULTATION		\$25.00
Sub-Total		\$55.50
Add GST 7.0%		\$3.89
Rounding Adjustment		-\$0.04
Total Amount Payable		\$59.35
Receipt No. 388437 - CASH	Payment Received	\$59.35
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :  
Healthsprings Medical Pte Ltd

UEN: 200820810M



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

**Healthsprings Medical Clinic**  
Blk 524A Jelapang Road  
#02-01/02 Greenridge Shopping Centre  
Singapore 671524  
Tel: 6892 6681 Fax: 6892 0061  
RCB / GST Reg No. 200820810M

**HEALTHSPRINGS MEDICAL CLINIC**

BLK 524A JELAPANG ROAD #02-01/02 GREENRIDGE SHOPPING CENTRE,  
SINGAPORE 671524

Tel1: 6892 6681

**Medical Certificate**

---

Date : 27 Jan 2022

MC No. : 0000167434

This is to certify that :

Name : NORIZA BTE MOHAMAD HASHIM

NRIC : S2193742H

is Unfit for Duty for 1 day  
on 27 Jan 2022 only.



---

DR SHARON BAY EE LIN

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



Ng Teng Fong General Hospital  
Jurong Community Hospital

## TAX INVOICE

Page 1 of 2

BILL REF. NO.  
**16211426C**

BILL DATE  
**25 JAN 2022**

LOCATION  
**NTFGH**

VISIT DATE ► **25 JAN 2022 09:22 AM**

**MDM. NORIZA BTE MOHAMAD  
HASHIM**

BLK 533 #15-801  
BUKIT PANJANG RING ROAD  
SINGAPORE 670533

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	257.70
GOVT SUBSIDY	\$	-130.70
TOTAL AMOUNT (BEFORE GST)	\$	127.00
7% GST	\$	8.89
GST absorbed by Govt	\$	-8.89
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	127.00
TOTAL AMOUNT PAYABLE	\$	127.00
Net Payment made	\$	-127.00
FINAL AMOUNT PAYABLE	\$	0.00

**\$ 0.00**

FINAL AMOUNT PAYABLE

## CHARGES

CASE NO.	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
<b>9220321811I</b>	<b>ACCIDENT &amp; EMERGENCY / NA</b>		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		254.00	127.00
ORPHENADRINE 35MG/PARACETAMO L 450MG TAB		2.00	0.00
CHLORHEXIDINE 1% CR 15G		1.70	0.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	257.70	
	GOVT SUBSIDY	-130.70	
	TOTAL AMOUNT (BEFORE GST)		127.00
	7% GST		8.89
	GST absorbed by Govt (for subsidised patient only)		-8.89
	Subtotal		127.00
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		127.00

PRINTED ON: 25 JAN 2022 11:11 AM



**TAX INVOICE**

BILL REF. NO.  
**16211426C**

BILL DATE  
**25 JAN 2022**

NRIC / FIN / MRN  
**SXXXX742H**

PATIENT NAME  
**MDM. NORIZA BTE MOHAMAD HASHIM**

**PAYMENT SUMMARY**

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		127.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MDM. NORIZA BTE MOHAMAD HASHIM		127.00

MDM. NORIZA BTE MOHAMAD HASHIM	TOTAL AMOUNT PAYABLE		127.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MDM. NORIZA BTE MOHAMAD HASHIM			-127.00
Receipt No: J001687896 \$ 127.00		Net Payment made	-127.00

**FINAL AMOUNT PAYABLE \$ 0.00**

**PAYMENT OPTIONS & ADVISORY**

**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.



## AFTER VISIT SUMMARY

NAME: NORIZA BTE MOHAMAD HASHIM

MRN: S2193742H

ADDRESS:

533 BUKIT PANJANG RING ROAD  
#15-801  
Singapore 670533

DOB: 25/6/1967

AGE: 54 y.o.

GENDER: F

PHONE: 6261 6247 (Home Phone)  
9027 1376 (Mobile)

### DIAGNOSIS

#### ED Arrival Information

Arrival	Means of arrival	Escorted by
25/1/2022 09:22	SCDF Ambulance	-

#### Primary Physician

Primary Physician  
JOAN, Chin Mei Leng

#### Diagnosis

Abrasion - Primary

Comments

#### Disposition Plan

ED Disposal	Comment
Discharged	

#### Allergies (Reviewed on: 25/01/22)

No Known Allergies

#### Procedure Orders

Start	Ordered	Status	Ordering Clinician
25/01/22 10:50	25/01/22 10:49	Wound care Once Ordered	CHIN MEI LENG JOAN

### DISPOSITION

#### Medical Certificate/ Light Duty/ Time Chit

MC ID	Issued	Type	Start Date	End Date	Duration (Days)	Question	Answer
1165805021	Medical Certificate	Outpatient Sick Leave	25 Jan 2022	26 Jan 2022	2	Certificate Eligible for Court Absence Class	No Print

#### Discharge Medications

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
------------	--------------	----------	------------	----------	----------------

#### Discharge Medications (continued)

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
Paracetamol 450mg, Orphenadrine Citrate 35mg Tablet	Take 2 tablets 3 times a day when required for pain for up to 3 days.		25/1/2022	28/1/2022	Joan Mei Leng CHIN
Chlorhexidine 1% Cream	Apply 1 application to affected area 2 times a day for 3 days.		25/1/2022	28/1/2022	Joan Mei Leng CHIN

#### Referral Orders

None

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.



Ng Teng Fong  
General Hospital

MEDICAL CERTIFICATE (Ref:1165805021)

ORIGINAL

NAME: NORIZA BTE MOHAMAD HASHIM

NRIC: S2193742H

Type of Medical Leave granted: **Outpatient Sick Leave**

The above named is unfit for duty for 2 day(s) from **25/01/2022** to **26/01/2022** Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **25/01/2022 09:22** to **25/01/2022 10:50**.

25/01/2022  
Date

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

Signature

Location: NTFGH EMERGENCY

**SP CLINIC**

Blk 117 Pending Road #01-224 Singapore 670117  
Tel: +65 6766 0286 Fax: +65 6766 7074

**S P CLINIC****OFFICIAL INVOICE**

**TO:** LAU KHAR MUEH  
BLK 176 LOMPANG RD  
#14-41  
SINGAPORE 670176

**NRIC** : S7200786G  
**Visit Date** : 26/01/2022  
**Invoice No** : 172547  
**Invoice Date** : 26/01/2022

**PATIENT NAME:** LAU KHAR MUEH

		Singapore Dollar
<b>Medical Services</b>		<b>20.00</b>
General consultation		20.00
<b>Pharmacy</b>	<b>Quantity</b>	<b>14.00</b>
ANAREX TABLETS	10.00 TABLET	3.00
DICLOFENAC 50MG TAB	10.00	3.00
FAMOTIDINE 20MG	10.00	3.00
TOLPA 10MG (SERRATIOPEPTIDASE)	10.00	5.00
<b>Invoice Total</b>		<b>34.00</b>
Waiver		12.00
GST		0.00
<b>Amount Due</b>		<b>22.00</b>
Payment By Cash		22.00
Balance Due		0.00
<u>Comments:</u>		

**SP CLINIC**  
Blk 117 Pending Road  
#01-224 Singapore 670117  
Tel: 6766 0286 Fax: 6766 7074

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

**SP CLINIC**

Blk 117 Pending Road #01-224 Singapore 670117

Tel: +65 6766 0286

Fax: +65 6766 7074

**S P CLINIC****MEDICAL CERTIFICATE**

Ref No: 715288 1

This is to certify that **LAU KHAR MUEH**  
NRIC Number: **S7200786G**  
attended this clinic on **26/01/2022**  
shall not be attending/unfit for school/work  
Start Date: **26/01/2022**  
To Date: **27/01/2022**  
Number of Days **2**  
Reason:

*Reason: @ Shingles strain*

From Time:  
To Time:

**DR. CHIN SIEW PANG****M.B.,E.S. (Singapore)**

Dr Chin Siew Pang

**SP CLINIC**

Blk 117 Pending Road

#01-224 Singapore 670117

Tel: 6766 0286 Fax: 6766 7074

\* This certificate is not valid for absence from court

**BALKIS FAMILY CLINIC**

Blk 631 Bedok Reservoir Road #01-968, SINGAPORE 470631

Tel: 64454711 Fax: 62433417

Co Reg No : 940097/07/185

**INVOICE**

NG PENG SOCK

620 BEDOK RESERVOIR ROAD

#11-1452

S(470620)

Invoice No. : 52761

Our Reference : 00542

Date : 27 Jan 2022

Patient : NG PENG SOCK(S0092915H)

Attending Doctor : DR BALKIS AKBAR ALI

DESCRIPTION	QTY	FEE
PARACETAMOL 500MG	30.00 tabs	\$6.00
CONSULTATION		\$40.00
Total Amount Payable		\$46.00
Receipt No. 56653 - CASH Payment Received		\$46.00
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :

**BALKIS FAMILY CLINIC**

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

**BALKIS FAMILY CLINIC**

Blk 631 Bedok Reservoir Road #01-96B, SINGAPORE 470631  
Tel1: 64454711 Fax: 62433417

**Medical Certificate**

---

Date : 27 Jan 2022

MC No. : 0000013704

This is to certify that :

Name : NG PENG SOCK

NRIC : S0092915H

is Unfit for work for 2 days  
from 27 Jan 2022 to 28 Jan 2022 inclusive.



---

DR BALKIS AKBAR ALI  
MBBS (SPORE)  
FAMILY PHYSICIAN

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

- ☐ Blk 212 Toa Payoh Lorong 8 #01-41  
Singapore 310212 Tel : 6252 3206
- ☐ Blk 86 Bedok North Street 4 #01-177  
Singapore 460086 Tel : 6443 0949

**Dr Tan Hung Chai** M.B.B.S. (S'pore)

**Dr Yee Liong Chong** M.B.B.S. (S'pore)

## Temasek Medical Clinic

### INVOICE

TAN WAN HENG (S0092751A)

101 BEDOK NORTH AVENUE 4

# 09-1960

PEARL GARDEN

SINGAPORE 460101

Invoice No. : GPC 026297

Invoice Date : 27 Jan 2022

ACRA No. : T07CM1647A

Doctor : Tan Hung Chai

ITEM NAME	QTY	ADJ	TOTAL
PARACETAMOL/PANAMOL 500MG	20.00 tab/s	(\$0.09)	\$5.91
CONSULTATION		(\$0.41)	\$27.59

**Final Bill** \$33.50

Including Adj. (-\$0.50)

Payable by CHAS MG \$23.50

Payment received by Cash - RE/019352 \$10.00

Outstanding Balance \$0.00

☐ Blk 212 Toa Payoh Lorong 8 #01-41  
Singapore 310212 Tel : 6252 3206  
☐ Blk 86 Bedok North Street 4 #01-177  
Singapore 460086 Tel : 6443 0949

**Dr Tan Hung Chai** M.B.B.S. (S'pore)

**Dr Yee Liong Chong** M.B.B.S. (S'pore)

## **Temasek Medical Clinic**

### **Medical Certificate**

**Date of Visit:** 27-Jan-2022

**MC No.:** MC2201277487

This is to certify that

**Name:** TAN WAN HENG

**NRIC:** S0092751A

is Unfit for Work

for 2 day(s) from 27-Jan-2022 to 28-Jan-2022

**Remarks:**



Doctor Name: Tan Hung Chai  
MCR: M04216A

**DR. TAN HUNG CHAI**  
M.B.B.S. (S'pore)  
04216 A

Please take note that this medical certificate is not valid for absence from court

Printed on 27 Jan 2022 08:42:49 by Tan Hung Chai

Page 1 of 1

**AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS**


I/We, Tan wan heng (the third party claimant") of  
81 Tuas South St S (637657) (address), owner/driver/passenger  
of PC1889R (vehicle no.) hereby authorize CITY AUTO PTE LTD  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 25/01/2022 (date) along  
PIE, SINGAPORE (location) involving vehicle no/s PC 3474R  
("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this accident.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit  
and the workshop is further authorized to receive payment further to settlement of my claim with  
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 27 (day) of July (month) 20 22 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"  
(with chop if applicable)

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1200 Fax: 6453 7944  
(Claims Section)  
\_\_\_\_\_  
Signed by "the workshop"  
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SNM22D200645/C02/PC3474R/TOHHS

Claimant : TAN WAN HENG

Amount : S\$10.00 /  
SINGAPORE DOLLARS TEN ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R

Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022

Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD

Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	
(3) Loss of Use/Rental/Earning	S\$	
(4) <del>GIA/Police Reports/</del> Investigation Results/Search Fees	S\$	
(5) Medical Reports/Expenses	S\$	10.00
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	S\$	10.00
	=====	

Claimant Name : Tan Wan Heng

NRIC No S0092751-A

Signature : 

Date : 12-4-2023

**AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS**


I/We, Loke Tew choong (the third party claimant") of  
81 Tuas South St 5 (657651) (address), owner/driver/passenger  
of PC1889R (vehicle no.) hereby authorize CITY AUTO PTE LTD  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 25/01/2022 (date) along  
PIE, SINGAPORE (location) involving vehicle no/s PC 347412  
("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this accident.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit  
and the workshop is further authorized to receive payment further to settlement of my claim with  
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 27 (day) of July (month) 20 22 (year)

  
Signed by "the third party claimant"  
(with chop if applicable)

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)  
Signed by   
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SNM22D200645/C02/PC3474R/TOHHS

Claimant : GOH SIAH KENG

Amount : **S\$127.00** ✓  
SINGAPORE DOLLARS ONE HUNDRED TWENTY SEVEN ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R  
Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022  
Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD  
Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	
(3) Loss of Use/Rental/ <del>Earning</del>	S\$	
(4) <del>GIA/Police Reports/</del> Investigation Results/Search Fees	S\$	
(5) Medical Reports/Expenses	S\$	127.00
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	<b>S\$</b>	<b>127.00</b>
	=====	

Claimant Name : Goh Siah Keng

NRIC No : S1277192D

Signature : 

Date : 11/4/23

**AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS**


I/We, Ng Peng Sock (the third party claimant") of  
81 Tuas South St 5 (637657) (address), owner/driver/passenger  
of PC1889R (vehicle no.) hereby authorize CITY AUTO PTE LTD  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 25/01/2022 (date) along  
PK, SINGAPORE (location) involving vehicle no/s PC 3474R  
("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this accident.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit  
and the workshop is further authorized to receive payment further to settlement of my claim with  
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 27 (day) of JULY (month) 20 22 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"  
(with chop if applicable)

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)  
Signed by "the workshop"  
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SNM22D200645/C02/PC3474R/TOHHS

Claimant : NG PENG SOCK

Amount : **S\$46.00** /  
SINGAPORE DOLLARS FORTY SIX ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R

Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022

Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD

Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

---

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	
(3) Loss of Use/Rental/ <del>Earning</del>	S\$	
(4) <del>CIA/Police Reports/</del> <del>Investigation Results/Search Fees</del>	S\$	
(5) Medical Reports/Expenses	S\$	46.00
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	S\$	46.00
	=====	

---

Claimant Name : Ng Peng Sock

NRIC No : S0092915H

Signature : I

Date : 12/04/2023

**AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS**

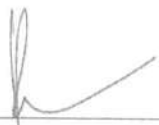
I/We, Noviza bte mohamad hashim (the third party claimant") of  
81 Tuas south st 5 (637651) (address), owner/driver/passenger  
of PC1889R (vehicle no.) hereby authorize CITY AUTO PTE LTD  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 25/01/2021 (date) along  
PIC, SINGAPORE (location) involving vehicle no/s PC 3474R  
("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this accident.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit  
and the workshop is further authorized to receive payment further to settlement of my claim with  
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 27 (day) of July (month) 20 21 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"  
(with chop if applicable)

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Signed by (Claims Section)  
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SNM22D200645/C02/PC3474R/TOHHS

Claimant : NORIZA BTE MOHAMAD HASHIM

Amount : **S\$186.35** /  
SINGAPORE DOLLARS ONE HUNDRED EIGHTY SIX AND THIRTY FIVE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R

Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022

Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD

Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

---

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	
(3) Loss of Use/Rental/ <del>Earning</del>	S\$	
(4) <del>GIA/Police Reports/</del> Investigation Results/Search Fees	S\$	
(5) Medical Reports/Expenses	S\$	186.35
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	<b>S\$</b>	<b>186.35</b>
	=====	

---

Claimant Name: Noriza Bte Mohamad Hashim NRIC No : S2193742H

Signature :  Date : 11.04.23

**AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS**

I/We, Lau Khav Mueh (the third party claimant") of  
81 Tuas South St 5 (637657) (address), owner/driver/passenger  
of PL1889R (vehicle no.) hereby authorize City Auto Pte Ltd  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 25/01/2022 (date) along  
PIE, SINGAPORE (location) involving vehicle no/s PC347412  
("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this accident.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit  
and the workshop is further authorized to receive payment further to settlement of my claim with  
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 21 (day) of July (month) 20 22 (year)



Signed by "the third party claimant"  
(with chop if applicable)

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Signed by "the workshop"  
(Claims Section)

(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SNM22D200645/C02/PC3474R/TOHHS

Claimant : LAU KAHR MUEH

Amount : **S\$22.00** /  
SINGAPORE DOLLARS TWENTY TWO ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R

Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022

Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD

Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

---

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	
(3) Loss of Use/Rental/ <del>Earning</del>	S\$	
(4) <del>GIA/Police Reports/</del> Investigation Results/Search Fees	S\$	
(5) Medical Reports/Expenses	S\$	22.00
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	<b>S\$</b>	<b>22.00</b>
	=====	

---

Claimant Name : Dovine Lau Khar Mueh

NRIC No : S7200786/G

Signature : 

Date : 11/4/2023

**AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS**


I/We, Gan Chin Hui (the third party claimant") of  
91 Tuas South St 5 (659651) (address), owner/driver/passenger  
of PC1889R (vehicle no.) hereby authorize CITY AUTO PTE LTD  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 25/01/2022 (date) along  
PIC SINGAPORE (location) involving vehicle no/s PC 3474R  
("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this accident.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit  
and the workshop is further authorized to receive payment further to settlement of my claim with  
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 27 (day) of July (month) 20 22 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"  
(with chop if applicable)

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Signed by (Claims Section)  
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SNM22D200645/C02/PC3474R/TOHHS

Claimant : GAN CHIN HUI

Amount : **S\$133.95** /  
SINGAPORE DOLLARS ONE HUNDRED THIRTY THREE AND CENTS NINETY FIVE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R

Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022

Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD

Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

---

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	
(3) Loss of Use/Rental/Earning	S\$	
(4) <del>GIA/Police Reports/</del> Investigation Results/Search Fees	S\$	
(5) Medical Reports/Expenses	S\$	133.95
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	<b>S\$</b>	<b>133.95</b>
	=====	

---

Claimant Name : Gan Chin Hui

NRIC No : G2022784 U

Signature : 

Date : 11/4/2023

**AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS**


I/We, Chew Lay Hoon (the third party claimant") of  
81 Tuas South St 5 (637651) (address), owner/driver/passenger  
of PC1889R (vehicle no.) hereby authorize City Auto Pte Ltd  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 25/01/2022 (date) along  
PIE, SINGAPORE (location) involving vehicle no/s PC 3474R  
("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this accident.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit  
and the workshop is further authorized to receive payment further to settlement of my claim with  
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 27 (day) of July (month) 2022 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"  
(with chop if applicable)

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Signed by (Claims Section)  
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SNM22D200645/C02/PC3474R/TOHHS

Claimant : CHEW LAY HOON

Amount : **S\$133.95**  
SINGAPORE DOLLARS ONE HUNDRED THIRTY THREE AND CENTS NINETY FIVE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R

Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022

Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD

Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

---

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	
(3) Loss of Use/Rental/ <del>Earning</del>	S\$	
(4) <del>GIA/Police Reports/</del> <del>Investigation Results/Search Fees</del>	S\$	
(5) Medical Reports/Expenses	S\$	133.95
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	<b>S\$</b>	<b>133.95</b>
	=====	

---

Claimant Name : Chew Lay Hoon

NRIC No : 578276611

Signature : 

Date : 11/4/2023

AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS


I/We, Cook Siah Keng (the third party claimant") of  
81 Tuas South St 5 (634627) (address), owner/driver/passenger  
of PL1839R (vehicle no.) hereby authorize CITY Auto Pte Ltd  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 25/01/2022 (date) along  
PIE, SINGAPORE (location) involving vehicle no/s PL 3474K  
("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this accident.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit  
and the workshop is further authorized to receive payment further to settlement of my claim with  
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 27 (day) of July (month) 2022 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"  
(with chop if applicable)

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 7235 Fax: 6453 7944  
\_\_\_\_\_  
(Claims Section)  
Signed by "the workshop"  
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SNA00006262102 Claim No : SNM22D200645/C02/PC3474R/TOHHS

Claimant : LOKE YEW CHOONG

Amount : **S\$127.00**  
SINGAPORE DOLLARS ONE HUNDRED TWENTY SEVEN ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : PC1889R

Insured Vehicle No. : PC3474R

Date of Loss : 25/01/2022

Place of Accident : PIE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : AEDGE HOLDINGS PTE LTD

Driver Name : KOH KIAH HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

---

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	
(3) Loss of Use/Rental/ <del>Earning</del>	S\$	
(4) <del>GIA/Police Reports/</del> Investigation Results/Search Fees	S\$	
(5) Medical Reports/Expenses	S\$	127.00
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	<b>S\$</b>	<b>127.00</b>
	=====	

---

Claimant Name : LOKE YEW CHOONG

NRIC No : S0226807H

Signature : 

Date : 11-4-23

## Hsiao Tong (LKKAuto)

---

**From:** Hsiao Tong (LKKAuto)  
**Sent:** Friday, 4 March 2022 12:22 PM  
**To:** WILLIAM@AEDGE.COM.SG  
**Cc:** Admin A  
**Subject:** Claim Notification - ACCIDENT INVOLVING PC 3474R(CHINA TAIPING) / PC 1889R/ OTHERS AT/ALONG PIE TOWARDS TUAS ON 25/01/2022

04 March 2022

**M/s AEDGE HOLDINGS PTE LTD**  
Driver: KOH KIAH HENG

[By Email Only]

Dear Sir/Madam,

**You Ref: PC3474R**  
**Our Ref: CC6/CTI22000963/Kra3**  
**ACCIDENT INVOLVING PC 3474R(CHINA TAIPING) / PC 1889R/ OTHERS AT/ALONG PIE TOWARDS TUAS ON 25/01/2022**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, China Taiping Insurance (Singapore) Pte Ltd to deal with the third party claim against your policy.

We have received a claim from PC1889R against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your driver's favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 07 days from the date of this letter.

Thank you.

Best Regards,

**Hsiao Tong, Chew (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | Email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) |

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)

## Hsiao Tong (LKKAUTO)

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**From:** Alfred Toh <alfred.toh@sg.cntaiping.com>  
**Sent:** Monday, 27 March 2023 10:14 AM  
**To:** Hsiao Tong (LKKAUTO); Admin A  
**Cc:** Claims Dept of CTI; Chee So Chow; Alfred Toh  
**Subject:** RE: [SEEK MANDATE]- SNM22D200645/C02/PC3474R/TOHHS /Direct Settlement - Accident Involving PC3474R and PC1889R etc (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

LKK ref : CC6/CTI22000963/Kea3q2  
CTI ref: SNM22D200645/C02/PC3474R/TOHHS

Dear Hsiao Tong

We refer to your emails pertaining to the above matter.

Please be advised that mandate has been obtained to resolve the claim up to \$14,366.20.

.

**Best Regards**

Alfred Toh  
Assistant Manager  
Claims Department  
China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)

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**From:** Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>  
**Sent:** Monday, March 20, 2023 2:19 PM  
**To:** Alfred Toh <alfred.toh@sg.cntaiping.com>  
**Cc:** Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; Admin A <admin-a@lkkauto.com>  
**Subject:** RE: [SEEK MANDATE]- SNM22D200645/C02/PC3474R/TOHHS /Direct Settlement - Accident Involving PC3474R and PC1889R etc (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

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Dear Sirs,

Please advise if mandate is ready as third party is asking update.

Thank you.

Best Regards,

**Hsiao Tong, Chew (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | Email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) |

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)

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**From:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>

**Sent:** Tuesday, March 14, 2023 9:09 AM

**To:** Hsiao Tong (LKKAuto) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>

**Cc:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>

**Subject:** RE: [SEEK MANDATE]- SNM22D200645/C02/PC3474R/TOHHS /Direct Settlement - Accident Involving PC3474R and PC1889R etc (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

**LKK ref :** CC6/CTI22000963/Kea3q2

**CTI ref:** SNM22D200645/C02/PC3474R/TOHHS

Dear Hsiao Tong

We refer to your email of 3 March 2023.

Please note that we are in the midst of obtaining mandate and shall revert shortly and/or soonest possible.

**Best Regards**

**Alfred Toh**

**Assistant Manager**

**Claims Department**

**China Taiping Insurance (Singapore) Pte. Ltd.**

**3 Anson Road #15-00 Springleaf Tower Singapore 079909**

**Email:** [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 TaipingSG

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**From:** Hsiao Tong (LKKAuto) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>

**Sent:** Friday, March 3, 2023 1:56 PM

**To:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>

**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Subject:** [SEEK MANDATE]- SNM22D200645/C02/PC3474R/TOHHS /Direct Settlement - Accident Involving PC3474R and PC1889R (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

**CAUTION:** This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Your ref: **SNM22D200645/C02/PC3474R/TOHHS**

LKK ref : CC6/CTI22000963/Kea3q2

Dear Sirs/Mdm,

**ACCIDENT INVOLVING PC3474R(CHINA TAIPING) / PC1889R(TP) / OTHERS ON 25/01/2022**

We refer to the above matter.

PC3474R(OI)-> PC1889R(TP) -> SLB6458X -> GX4781T

This is a 4 vehicles chain collision whereby our insured was the last vehicle. In accordance with the MCF guideline for chain collision, we have to settle the front vehicle's claim at 100%.

We seek your approval to offer repairer **"CITY AUTO PTE LTD"** at **\$14,366.20(all-in)**.

The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repair (WITH 7% GST)	\$ 29,141.54	\$ 11,181.50 (\$10,450.00 + 7% GST)
2. Loss of RENTAL (13days x \$120.00)(w/GST) [From 16/02/2022 – 01/03/2022]	\$ 1,669.20	\$ 1,391.00 (13DAYS X \$100.00)(w/GST)
3. Taxi & Petrol Fee [25/01/2022 – 16/02/2022] *	\$ 1,176.45	\$ 1,000.00 (10DAYS X \$100.00) – Propos
4. LTA/GIA Search Fee	\$ 7.45	\$ 7.45
5. MEDICAL FEE (Driver – NG PENG SOCK)	\$ 786.25	\$ 46.00
6. MEDICAL FEE (Passenger – GAN CHIN HUI )		\$ 133.95
7. MEDICAL FEE (Passenger – GOH SIAH KENG)		\$ 127.00
8. MEDICAL FEE (Passenger – CHEW LAY HOON)		\$ 133.95
9. MEDICAL FEE (Passenger – LOKE YEW CHOONG)		\$ 127.00
10. MEDICAL FEE (Passenger – NORIZA)		\$ 186.35
11. MEDICAL FEE (Passenger – LAU KAHR MUEH)		\$ 22.00
12. MEDICAL FEE (Passenger – TAN WAN HENG)		\$ 10.00
<b>Total</b>	\$ 32,780.89	<b><u>\$ 14,366.20</u></b>

Surveyor recommended 21days for repair.

\* According to third party, their vehicle is used for fetching worker to work. Therefore, they have submitted claim for worker's taxi fare. We propose to offer LOU for an amicable settlement.

Enclosed here with all the relevant documents for your perusal.

**Kindly let us have your approval / instruction.**

Best Regards,

**Hsiao Tong, Chew (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | Email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) |

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)

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**From:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>

**Sent:** Wednesday, December 7, 2022 4:01 PM

**To:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Hsiao Tong (LKKAuto) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>

**Cc:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; CS A Team <[cs-a@lkkauto.com](mailto:cs-a@lkkauto.com)>

**Subject:** RE: SNM22D200645/C02/PC3474R/TOHHS /Direct Settlement - Accident Involving PC3474R and PC1889R (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

Dear Sir / Madam,

Thank you for your email.

Our respective case handler will look into the matter and get back to you in due course.

**Hi HT,**

**Kindly assist.**

*To check availability of the case handler, you may contact the undersigned.*

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com)

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>

**Sent:** Wednesday, 7 December 2022 3:56 PM

**To:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Jaslin Kok <[jaslinkok@lkkauto.com](mailto:jaslinkok@lkkauto.com)>

**Cc:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>

**Subject:** RE: SNM22D200645/C02/PC3474R/TOHHS /Direct Settlement - Accident Involving PC3474R and PC1889R (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

**LKK REF - CC6/CTI22000963/Kra3**

**CTI REF - SNM22D200645/C02/PC3474R/TOHHS**

Dear Sirs

We refer to our email of 3 February 2022.

Please let us have an update on the third party claim at your earliest convenience.

**Best Regards**

**Alfred Toh**  
Assistant Manager  
Claims Department  
China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)

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**From:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>

**Sent:** Thursday, 3 February 2022 10:57 am

**To:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Jaslin Kok (LKK Auto) <[jaslinkok@lkkauto.com](mailto:jaslinkok@lkkauto.com)>

**Cc:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>

**Subject:** RE: SNM22D200645/C02/PC3474R/TOHHS /Direct Settlement - Accident Involving PC3474R and PC1889R (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

**LKK REF - CC6/CTI22000963/Kra3**

**CTI REF - SNM22D200645/C02/PC3474R/TOHHS**

Dear Sirs

Attach herewith the reports for your attention and necessary action as follow:

1. PC3474R (INSURED);
2. SLB6458X (2<sup>nd</sup> vehicle);
3. GX4781T (1<sup>st</sup> vehicle – tyre exploded)

**Best Regards**

**Alfred Toh**  
Senior Executive  
Claims Department  
China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)

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**From:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Sent:** Thursday, 3 February 2022 10:11 am

**To:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Jaslin Kok (LKK Auto) <[jaslinkok@lkkauto.com](mailto:jaslinkok@lkkauto.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>

**Cc:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Subject:** O/R: SNM22D200645/C02/PC3474R/TOHHS / FW: Direct Settlement - Accident Involving PC3474R (OI : CTI - TBA) and PC1889R (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

Dear all,

Please note that officer in charge for this case is Alfred Toh.

Claim no SNM22D200645/C02/PC3474R/TOHHS.

Dear Alfred,

Pls revert LKK.

Chong Boon Sen  
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 63896116 | F: (65) 62247175

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 Taiping SG

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**From:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>

**Sent:** Friday, 28 January 2022 4:15 pm

**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Jaslin Kok (LKK Auto) <[jaslinkok@lkkauto.com](mailto:jaslinkok@lkkauto.com)>

**Subject:** Direct Settlement - Accident Involving PC3474R (OI : CTI - TBA) and PC1889R (TP : LKK REF - CC6/CTI22000963/Kra3) on 25.01.2022

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Dear Sir/ Madam,

We refer to the above matter.

We have inspected TP vehicle PC 1889R at M/ City Auto Pte Ltd - Sin Ming on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP estimated cost of repair
- TP GIA report
- Preliminary advice
- Photographs of TP vehicle in its damaged condition

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Jaslin.

***To check availability of the case handler, you may contact the undersigned.***

***"Wishing You Happiness & Prosperity Chinese New Year 2022"***

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

***Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted***