



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

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

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6225-2379
Email: law@dpcos.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.11527.21.GA+P
Your Ref: -----
Please quote our reference number when replying

DATE: 07 JUL 2022

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

WITHOUT PREJUDICE
E-MAIL ONLY

LAU CHEE CHEONG
BLK 201 BUKIT BATOK STREET 21
#18-168
SINGAPORE 650201
DRIVER OF SMX 3423M
OWNER - M/S FOCUS RENTALS PTE LTD

CERTIFICATE OF POSTING

Dear Sir,

**AZIANA BINTE MOHAMED BERJARAMIN, NRIC# S XXXX121/H
ACCIDENT ON 15 JUNE 2021 INVOLVING SGN 3468H AND SMX 3423M
ALONG NEW UPPER CHANGI ROAD**

We act for AZIANA BINTE MOHAMED BERJARAMIN, NRIC# S XXXX121/H.

We are instructed that on 15 June 2021 at about 18:00 hours, our client was the owner and driver of motor vehicle no: SGN 3468H travelling along New Upper Changi Road. Suddenly motor vehicle no: SMX 3423M collided into the vehicle our client was in. The said collision was due solely to or contributed by the negligence of the driver of motor vehicle no: SMX 3423M.

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

1. Medical report from M/s Island Orthopaedic dated 09 February 2022;
2. Official receipt being payment of medical report;
3. Medical report from M/s Changi General Hospital dated 02 August 2021;
4. Official receipt being payment of medical report;
5. Medical report from M/s Mount Alvernia Hospital dated 22 July 2022;
6. Official receipt being payment of medical report;

...2/-

Date: 07 JUL 2022

7. Medical expenses amounting to \$3,278.83;
8. Medical certificate for 43 days;
9. Our client's GIA report; police report;
10. GIA search and report fees amounting to \$29.00;
11. GIA report of SMX 3423M; police report of SMX 3423M;
12. LTA search and invoice on vehicle number: SMX 3423M;
13. Repair Bill;
14. Towing fee;
15. Rental invoice + agreement;
16. Survey report + invoice;
17. Ninety-four (94) copies of scanned coloured photographs showing damage to our client's vehicle.
18. Our client's income assessments for the year 2018-2020.
19. Video footage taken after the accident.

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

1. General Damages

- | | |
|---------------------|-------------|
| a) Whiplash grade 2 | \$ 8,000.00 |
| b) Left-hand bruise | \$ 1,000.00 |

2. Special damage

- | | |
|--|-------------|
| a) Medical expenses | \$ 3,278.83 |
| b) Transport expenses (12 trips x \$30.00/trip) | \$ 360.00 |
| c) Pre-trial loss of earning for 40 days at \$100.00 per day | \$ 4,000.00 |

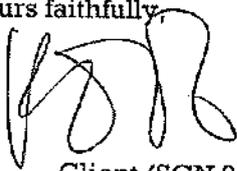
- | | |
|---|--------------|
| 3. Medical report fee | \$ 926.40 |
| 4. Repair Costs | \$ 20,650.00 |
| 5. Towing fee | \$ 70.00 |
| 6. Rental | \$ 1,680.00 |
| 7. Loss of use (06 days @ \$100.00/day) | \$ 600.00 |
| 8. Survey report | \$ 984.00 |
| 9. GIA/police search fee &/reports | \$ 36.49 |
| 10. Public trustee's fee | \$ 225.00 |
| 11. Postages, transport and other incidentals | \$ 150.00 |

In addition, we propose that you contribute a sum of \$3,500.00 plus Public Trustee's fee and disbursements towards our client's legal costs.

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

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

Yours faithfully,



c.c. Client (SGN 3468H)

To:

Daniel Poon & Co
133 New Bridge Road
#11-02 Chinatown Point
S059413

Your ref: DP.sl.11527.21.GA+PI

Dear Sir/ Madam,

RE: Ordinary Medical report for Aziana Binte Mohammed Bejaramin S7002121H

Diagnosis: Cervical Whiplash Neck Injury Quebec Grade II

The aforementioned patient was under my care since 22nd June 2021. She was a Grab driver alleged to involved in a road traffic related accident happened on 15th June Tuesday 6pm.

She experienced immediate neck pain upon impact with stiffness in extension and axial rotation. There was 50% reduction in neck range of movement. I arranged urgent physiotherapy and pain medication.

She was followed up on 29th June 2021, 13th July 2021, 27th July 2021 and 17th August 2021. She has residual neck stiffness which I advised ad hoc physical therapy for twelve sessions at the cost of \$180.00 plus GST per session.

She still have occasional neck discomfort and lesser endurance at desk bound work which likely will take few months to resolve. Overall she has improved and no functional disability and return to normal duty full time.

Yours sincerely



Dr. Leslie CL Ng

Consultant Spine Surgeon

Island Orthopaedic Consultants Pte Ltd
DR LESLIE NG CHONG LICH
MCR No. 16342B
MBBS (Lond), MRCS (Glasg), Ortho Eng Diploma (Cardiff),
FRCS (Tr & Ortho)(Glasg)
Consultant Orthopaedic Surgeon
Minimally Invasive Spine Surgery, Spine Deformity Correction
& Interventional Back Pain Management



ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD
COMPANY REGISTRATION NO: 199501972Z / GST REGISTRATION NO: M2-8920884-4
#01-01/02 MOUNT ALVERNIA MEDICAL CENTRE A, 820 THOMSON ROAD, SINGAPORE
574623
TEL 63560588 / FAX 63546315

OFFICIAL RECEIPT

NAME: AZIANA BINTE MOHAMED BEJARAMIN
ATTENDING DR: DR LESLIE NG
IDENTIFICATION: *****121H
VISIT DATE: 08-06-2022

Item	Dispensed Qty	Unit Cost	Sub Total
MEDICAL SERVICES			\$600.00
MEDICAL REPORT (MRRPT)	1	\$600.00	
			SUBTOTAL CHARGE \$600.00
			GST@7% \$42.00
			TOTAL AMOUNT \$642.00
PAYMENT			
PAID BY DANIEL POON & CO (CHEQUE: DBS - 300594)	31-05-2022 00:00		\$642.00

ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD
#01-01/02 Mt. Alvernia Medical Centre
Blk A, 820 Thomson Road
Singapore 574623
Tel: 63560588 Fax No: 63546315

This is a computer generated document that does not require a signature

Case No: 20221593224557



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
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Email: law@dpcos.com.sg
(UEN: 83130838C)

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

Our Ref: DP.sl.11527.21.GA+PI
Your Ref: ---
Please quote our reference number when replying

Date: 01 JUN 2022

VERY URGENT

M/S ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD
#01-01/02 MT ALVERNIA MEDICAL CENTRE
BLK A, 820 THOMSON ROAD
SINGAPORE 574623
ATTN: DOCTOR - IN - CHARGE

CERTIFICATE OF POSTING

**AZIANA BINTE MOHAMED BEJARAMIN, NRIC#S XXXX121/H
ACCIDENT ON 15 JUNE 2021 INVOLVING SGN 3468H AND SMX 3423M
ALONG NEW UPPER CHANGI ROAD**

We refer to the your email dated 24 May 2022.

We enclose herewith our cheque of \$642.00 (DBS# 300594 dated 31-05-22) being payment for the medical report payable to: "ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD".

Kindly let us have your medical report and official receipt in due course.

Yours faithfully

Date

3	1	0	5	2	2
D	D	M	M	Y	Y



Pay ****ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD****

or Bearer

Singapore Dollars ****Six Hundred And Forty Two Only****

S\$ **642.00**

DANIEL POON & CO

Cheque No Bank/Branch Code Account No

Please sign above this line

1 0 1 3 0 0 5 9 4 0 0 7 1 6 7 1 0 0 1 0 1 0 0 1 0 9 0 6 4 2 5 7 0 0



Restricted, Sensitive (Normal)

PRIVATE & CONFIDENTIAL

DP.sl.11527.21.GA+PI
MPL 2021/8309

2 August 2021

Through
CHAIRMAN MEDICAL BOARD
Changi General Hospital
2 Simei Street 3
Singapore 529889

**MEDICAL REPORT
AZIANA BINTE MOHAMED BEJARAMIN
S7002121H**

This report is written based on a review of the available records in Changi General Hospital (CGH) Accident & Emergency department (A&E).

The author did not personally examine this patient for the purpose of preparing this report.

Patient was seen on the 15/6/2021 at CGH. Patient was the driver of a vehicle that was involved in a road traffic accident.

On examination, patient was conscious and alert. Injuries sustained:
- upper thoracic midline tenderness with right paravertebral tenderness and spasm of the muscles.
- bruise over the first dorsal web-space of the left hand.

Impression of the attending doctor was strain of the back muscles. Patient was discharged. Medical leave was issued from the 15/6/2021 till the 20/6/2021.

DR PRAVIN THIRUCHELVAM
Staff Registrar
Accident & Emergency Department



Your Ref : DP.SI.11527.21.GA+PI
Our Ref : MPL/2021/0008309
Date : 05 Aug 2021

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

Dear Sir/Madam

PATIENT'S NAME AZIANA BINTE MOHAMED BEJARAMIN
HRN XXXXX121H

Enclosed is the completed LEGAL ORDINARY MEDICAL REPORT (19)

Any clarification to the enclosed medical report will be accepted within 3 months from the above date. Beyond which, a fee will be applicable.

Please contact the Medical Reports Section at 6850 4545 for further assistance.

Thank you.

Yours sincerely

NUR DIYANA BINTE MOHD AMIN
Medical Reports Section

Enc.

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



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

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

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

Our Ref: DP.sl.11527.21.GA+PI
Your Ref: AZIANA BINTE MOHAMED BEJARAMIN
NRIC# S7002121H
Please quote our reference number when replying

Date: 23 JUL 2021

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

E-MAIL ONLY

Dear Sirs,

**AZIANA BINTE MOHAMED BEJARAMIN, NRIC#S XXXX121/H
ACCIDENT ON 15 JUNE 2021 INVOLVING SGN 3468H AND SMX 3423M
ALONG NEW UPPER CHANGI ROAD**

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

We enclose herewith a copy of our PayNow transaction slip for the sum of **\$110.00** being payment of the medical report fee.

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

Yours faithfully



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

MR No. : MPL/2021/0008309
Receipt No. : SXXXX121H
Date : 28-Jul-2021
Reference No. : DP.SI.11527.21.GA+PI
External Receipt No. : SXXXX121H

PAYMENT ACKNOWLEDGEMENT

GST Reg No. : M9-0368910-N

Received From	Quantity	Fee (S\$)	Amount (S\$)
DANIEL POON & CO			
Patient Name : AZIANA BINTE MOHAMED BEJARAMIN			
HRN : XXXXX121H			
LEGAL ORDINARY MEDICAL REPORT (19)	1	110.00	110.00
	Amount Before Tax		102.80
	GST (7%)		7.20
	Total Amount Payable		110.00

Payment Mode	Receipt ID	Cheque/Card No.	Bank	Amount Paid
GIRO	MR/2021/05149			110.00

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

*****You are served by**
NORASHIKIN BTE BACHOK



Pay Local / Overseas Payee

Pay a local or overseas payee in any currency. Uses DBS Account Transfer, DBS PriorityPay, Telegraphic Transfer, or available local transfer types

1. Input Details

2. Verify Details

3. Submit for Approval

Your transfer has been submitted

GIRO Payment Sxxxx121/H AZIANA BINTE MOHAMED BEJ on 22 Jul 2021 for SGD 110 has been routed successfully with status Approved



Want to be notified by SMS or Email when this transaction is approved? Set it up in Alerts and Reminders.

Your account will be deducted SGD 110.00

From 0109064257 (SGD)
DANIEL POON & CO

To PayNow proxy:
Company identifier: 198904226R
CHANGI GENERAL HOSPITAL PTE LTD

Payment date 22 Jul 2021 This transfer must be approved by 16:00 hrs 21 Jul 2021 by Approver.

Payment type PayNow [Singapore GIRO Payment]

Payee will receive  SGD 110.00 Payee will likely to receive funds in 1 working days

Based on this exchange rate 1 SGD = 1 SGD

Payment details to bank Sxxxx121/H AZIANA BINTE MOHAMED BEJARAMIN

Message to payee (free)

Send to

Total amount deducted  SGD 110.00

Purpose code BEXP - Business Expenses

Reference Sxxxx121/H AZIANA BINTE MOHAMED BEJ

Batch ID

Message to your Approver





Serve all with Love

Our Ref: MAH/MR/20210722/0961

Your Ref: DP.sl.11527.21.GA+PI

Dated: Thursday, July 22, 2021

Daniel Poon & Co
133 New Bridge Rd #11-02
Chinatown Point
Singapore 059413

Dear Sir/Madam,

RE: Medical Report of AZIANA BINTE MOHAMED BEJARAMIN (S7002121H)

According to our medical records, on 15th June 2021 Miss AZIANA BINTE MOHAMED BEJARAMIN was driving when her car sustained a right-sided collision by a vehicle that was making a U turn. Her car skidded and hit the barricade.

During the impact, there was a sudden jerk of her body, the air-bags were not deployed.

After the accident, she felt pain at her right upper back and numbness at her right hand.

She did not complain of neck pain.

There was no syncope and no loss of consciousness.

She did not give a history of chronic back problems.

She was sent to Changi General Hospital Accident & Emergency Department where X ray of her thoraco-lumbar spine done did not show any fracture or dislocations.

She was given Ketorolac injection stat and discharged home with Diclofenac, Famotidine, Anarex tables and Ketoprofen gel.

She came to our 24 hours Walk-in & Emergency Outpatient Department at Mount Alvernia Hospital for consultation on 19th June 2021 at 1826 hours as her symptoms persisted.

On examination, her vital signs were stable & she was alert & conscious.

On inspection there was no obvious bony deformity or asymmetry of her spine. There was tenderness and spasm at her right upper back muscles; point tenderness was not elicited over the spinous processes & inter-spinous ligaments of her spine.

Her neck movements were full.

The skin sensation to light touch was slightly decreased on her right hand.
The sensation for the rest of his limbs was normal.

24HR WALK-IN CLINIC/EMERGENCY DEPT
TEL: 6347-6210 FAX: 6354-5517
820 THOMSON ROAD SINGAPORE 574623



Serve all with Love

Our Ref: MAH/MR/20210722/0961

Your Ref: DP.si.11527.21.GA+PI

Dated: Thursday, July 22, 2021

Daniel Poon & Co
133 New Bridge Rd #11-02
Chinatown Point
Singapore 059413

The muscle power & tendon reflexes were normal for both upper & lower limbs.

There were no signs of head injury & no other body injuries noted.

The diagnosis of the injuries sustained due to the road traffic accident was right upper back strain and right hand strain.

Ketorolac injection was given stat and she was prescribed Arcoxia with Omeprazole, Myonal tablets and Fastum gel to relief her pain. No physiotherapy appointment was given from our Department.

She was given a referral letter to consult an Orthopedic surgeon for follow up if not better.

The injuries sustained are consistent to that of a road traffic accident and there is no permanent disability.

For your information,

With best regards,
Yours sincerely

Ho Li Chin
MBBS (SINGAPORE)
MCR: 06147F

24HR WALK-IN CLINIC/EMERGENCY DEPT
TEL: 6347-6210 FAX: 6354-5517
820 THOMSON ROAD SINGAPORE 574623



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 Email: law@dpc.com.sg
 (UEN: 53130838C)

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

Our Ref: DP.sl.11527.21.GA+PI
 Your Ref: -----
 Please quote our reference number when replying

Date: 2 July 2021

M/S MOUNT ALVERNIA HOSPITAL
 820 THOMSON ROAD
 SINGAPORE 574623
ATTN: DOCTOR-IN-CHARGE

CERTIFICATE OF POSTING

Dear Sirs,

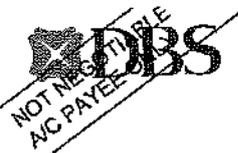
**AZIANA BINTE MOHAMED BEJARAMIN, NRIC# S XXXX121/H
 ACCIDENT ON 15 JUNE 2021 INVOLVING SGN 3468H AND SMX 3423M ALONG NEW
 UPPER CHANGI ROAD**

We refer to the above matter.

We enclose herewith our cheque of \$174.40 (DBS# 305333 dated 15-07-21) being payment for the medical report payable to: "MOUNT ALVERNIA HOSPITAL".

Kindly let us have your medical report and official receipt in due course.

Yours faithfully,



Date

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

****MOUNT ALVERNIA HOSPITAL**** XXXX

Pay _____

Singapore ****One Hundred And Seventy Four And Cents** S\$ ****174.40****

Dollars _____

Forty Only**

DANIEL POON & CO

DBS Bank Ltd

Cheque No _____ Bank/Branch Code _____ Account No _____

Please sign above this line

⑆ 7 ⑆ 300333 ⑆ 7 1 7 1 0 1 0 ⑆ 0 1 0 9 0 6 4 2 5 7 ⑆

ORIGINAL RECEIPT

CAENSR

15.06.2021 21:06

GST Registration No. : M90368910N

Bill To

AZIANA BINTE MOHAMED BEJARAMIN
804 TAMPINES AVENUE 4
#04-43 SINGAPORE 520804

MRN/NRIC : S7002121H
CASE NUMBER : 6921357506E
CUSTOMER : 3022298216
A&E VISIT : 15.06.2021 1

Name of Patient AZIANA BINTE MOHAMED BEJARAMIN

Service Description	Amount (S\$)	
	Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
X-RAY INVESTIGATIONS	51.00	0.00
DRUGS / PRESCRIPTIONS / INJECTIONS	7.61	0.00
A&E ATTENDANCE FEE	256.00	126.00
TOTAL CHARGES	314.61	
LESS : GOVERNMENT GRANT	188.61-	
AMOUNT PAYABLE BEFORE TAX		PAYMENT 126.00
ADD : 7% GST		S&MASTE 8.82-
AMOUNT PAYABLE AFTER TAX		134.82
LESS : GST ABSORBED BY THE GOVERNMENT		8.82-
NET AMOUNT PAYABLE		126.00
PAYMENT		126.00-
AZIANA BINTE MOHAMED		
AMOUNT DUE		0.00
AZIANA BINTE MOHAMED		
FOR INFORMATION:		
ST: P SN: S7002121H		
PAYMENT DETAILS		
NAME	DATE	AMOUNT
AZIANA BINTE MOHAMED, BEJARAMI	15.06.2021	126.00
		PAYMENT TYPE
		VISA/MASTERCARD

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

F/BO/02-06

Please attach this portion to your cheque payment.
Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

15.06.2021 21:06 h

Amount Enclosed : \$ S7002121H AZIANA BINTE MOHAMED
Cheque No./Bank :

MRN/NRIC : S7002121
CASE NUMBER : 69213575
ADMISSION DATE : 15.06.2021



820 THOMSON ROAD, SINGAPORE 574623
 MAINLINE 6347 6688 WEBSITE: www.mntalvernia.sg
 GST REG NO. 44 00033218

Patient Name : AZIANA BINTE MOHAMED Receipt No. : 210060813
 BEJARAMIN
 ID No. : S7002121H Date : 19/06/2021
 Account No. : 0210712123 Page : 1 of 2

Item	Qty	UOM	Amount (\$)
ADMINISTRATION OF INJ / SUPP / ETC	1	EA	13.40
ARCOXIA TAB 120MG	5	EA	19.50
FASTUM GEL 30G	1	EA	6.55
KETOROLAC INJ 30MG/AMP (TORADOL)	1	EA	25.14
MYONAL TAB 50MG	20	EA	18.00
OMEPRAZOLE 20MG CAP	7	EA	7.35
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	52.00
Total Charges			164.94
GST @ 7%			11.55
			<u>176.49</u>

Paid: VISA BY AZIANA BINTE MOHAMED BEJARAMIN Reference No. : ----
 Mode of Payment : VISA 176.49



820 THOMSON ROAD, SINGAPORE 574623
MAIN LINE: 6347 6588 WEBSITE: www.mtavernia.sg
GST REG NO. M1 00033218

Patient Name : AZIANA BINTE MOHAMED Receipt No. : 210060813
BEJARAMIN
ID No. : S7002121H Date : 19/06/2021
Account No. : 0210712123 Page : 2 of 2

This is a computer generated official receipt, no signature is required.

PHYSIO+ PTE LTD

321 Orchard Road #03-03 Orchard Shopping Centre
Singapore 238868
Tel: 6835 7377
Website: www.physio+sg.com

Cs Reg No: 201704242R

INVOICE

AZIANA BINTE MOHAMED BEJARAMIN
804 TAMPINES AVENUE 4
#04-43 TAMPINES POLYVIEW
51570841

Invoice No: 22453
Our Reference: 02493
Date: 23 Jun 2021

Patient: AZIANA BINTE MOHAMED BEJARAMIN (S7)

DESCRIPTION	UNIT PRICE	QTY	FEE
PHYSIOTHERAPY CONSULTATION AND TREATMENT	\$145.00	1.00	\$145.00
Sub-Total			\$145.00
Total Amount Payable			\$145.00
DINER Payment Received - Receipt No. 15733			\$145.00
Outstanding Balance			\$0.00

All Cheques should be crossed and made payable to

Physio+ Pte Ltd

Payment via PAYLAK (96430912) or PAYNOW (UEN NO: 201704242R)

Please note:

Fees paid are strictly non-refundable

Patients who anticipate they will be late for their appointment are recommended to contact the clinic in advance. Our staff will be able to advise if the appointment can proceed (based on a mutually agreed time), or if it needs to be shortened in view of the other scheduled appointments. The latter action will be taken should advance notice not be given.

All packages paid must be fully utilized within a year from the date of purchase. Unused sessions will be forfeited and may not be transferred, transferred nor exchanged for cash or services.

All payments must be made by CASH/NETS/VISA/MASTER before/after each session.

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

PHYSIO+
321 Orchard Road
Orchard Shopping Centre
Singapore 238868
Tel: 68357377

INVOICE

AZIANA BINTE MOHAMED BEJARAMIN
804 TAMPINES AVENUE 4
#04-43 TAMPINES POLYVIEW
S(520804)

Invoice No. 22521
Our Reference 02493
Date 25 Jun 2021

Patient AZIANA BINTE MOHAMED BEJARAMIN (S7)

DESCRIPTION	UNIT PRICE	QTY	FEES
PHYSIOTHERAPY CONSULTATION AND TREATMENT	\$145.00	1.00	\$145.00
TRIGGER BALL	\$10.00	1.00 Unit	\$10.00
HEAT PACK (LARGE)	\$45.00	1.00 Pc	\$45.00
Sub-Total			\$200.00
Total Amount Payable			\$200.00
DINER Payment Received - Receipt No. 15779			\$200.00
Outstanding Balance			\$0.00

All Cheques should be crossed and made payable to

Physio+ Pte Ltd

Payment via PAYLAFI (96450912) or PAYNOW (UEN NO. 201704242R)

Please note

Fees paid are strictly non-refundable

Patients who anticipate they will be late for their appointment are recommended to contact the clinic in advance. Our staff will be able to advise if the appointment can proceed (based on a mutually agreed time), or if it needs to be shortened in view of the other scheduled appointments. The latter action will be taken should advance notice not be given.

All packages paid must be fully utilised within a year from the date of purchase. Unused sessions will be forfeited and may not be reclaimed, transferred nor exchanged for cash or services.

All payments must be made by CASH/NETS/VISA/MASTER before 10:00 PM

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PHYSIO+
321 Orchard Road
#09-03 Orchard Shopping Centre
Singapore 238866
Tel: 68357377

Island Orthopaedic Consultants Pte Ltd

Company Registration No : 199501972Z GST Registration No : M2-9920884-4
#01-01102 Mount Alvernia Medical Centre A, 820 Thomson Road, Singapore 674623 Tel : 6356 0688 Fax : 6354 8315

OFFICIAL RECEIPT

Patient ID : 1000050691 Receipt No : IN271343
Patient Name : AZIANA BINTE MOHAMED BEJARAMIN Payment Mode : NETS
Attending Dr : DR LESLIE NG Date Seen : 29/6/2021 (10G01368E740)

CONSULTATION	\$100.00
3 PACK OF KEFENTECH 30MG PLASTER 9'S	\$20.94
14 TAB OF XANAX (ALPRAZOLAM) 0.5MG TABLET	\$15.96
Total Charge :	\$136.90
GST @ 7% :	\$9.58
TOTAL AMOUNT :	\$146.48

Issued by IOG Account Department
Island Orthopaedic Consultants Pte Ltd

This is a computer generated document that does not require a signature.

ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD

101 Alvernia Medical Centre A

620 Thomson Road, #01-01102

Singapore 674623

Tel: 63560588 Fax No: 63546315

PHYSIO+

PHYSIO+ PTE LTD
321 Orchard Road #09-03 Orchard Shopping Centre
Singapore 238866
Tel: 68357377
Website: www.physio+sg

Co Reg No: 201704242R

INVOICE

AZIANA BINTE MOHAMED BEJARAMIN
804 TAMPINES AVENUE 4
#01-43 TAMPINES POLYVIEW
S(578804)

Invoice No: 22674
Our Reference: 02493
Date: 01 JUL 2021

Patient: AZIANA BINTE MOHAMED BEJARAMIN
(S7002121H)

DESCRIPTION	UNIT PRICE	QTY	FEE
PHYSIOTHERAPY CONSULTATION AND TREATMENT	\$145.00	1.00	\$145.00
Sub-Total			\$145.00
Total Amount Payable			\$145.00
DINER Payment Received - Receipt No: 15883			\$145.00
Outstanding Balance			\$0.00

All Cheques should be crossed and made payable to:

Physio+ Pte Ltd

Payment via PAYLAP (96459910) or PAYNOW (UEN NO: 201704242R)

Please note:

Fees paid are strictly non-refundable

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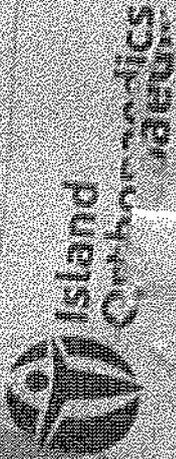
All packages paid must be fully utilised within a year from the date of purchase. Unused sessions will be forfeited and may not be redeemed, transferred nor exchanged for cash or services.

All payments must be made by CASH/NETS/VISA/MASTER before/after each session.

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PHYSIO+

321 Orchard Road
#09-03 Orchard Shopping Centre
Singapore 238866
Tel: 68357377



ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD
 COMPANY REGISTRATION NO: 199501972Z / GST REGISTRATION NO: MZ-8620864-4
 #01-01/02 MOUNT ALVERNIA MEDICAL CENTRE A, 820 THOMSON ROAD, SINGAPORE
 874623
 TEL: 63560588 / FAX: 63546315

OFFICIAL RECEIPT

NAME: AZIANA BINTE MOHAMED BEJARAMIN **IDENTIFICATION:** *****121H
ATTENDING DR: DR LESLIE NG **VISIT DATE:** 13-07-2021

Item	Dispensed Qty	Unit Cost	Sub Total
MEDICATION			
ACUSTOP 40MG PATCH 6'S	3	\$24.00	\$24.00
CONSULTATION			
SPECIALIST CONSULTATION	1	\$100.00	\$100.00
SUBTOTAL CHARGE			\$124.00
GST@7%			\$8.8
TOTAL AMOUNT			\$132.8

PAYMENT
 PAY BY NETS 13-07-2021 10:40 \$132.8