

CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN201330709H

ARULCHELVAN S • RUTHRA RAM • DANIEL WOO

Our ref: **AS.2021-0142.et**

Your ref: **To be advised**

21 DEC 2021

TIDAL CAPTIAL PTE LTD
73 UBI ROAD 1
#08-65 OXLEY BIZHUB
SINGAPORE 409733

BY CERTIFICATE OF POSTING

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

BY EMAIL

Dear Sirs,

ROAD TRAFFIC ACCIDENT ON 09 FEBRUARY 2021 AT AROUND 18:20 HOURS
CLAIMANT: JONATHAN YEE JUN XIAN

1. We act for JONATHAN YEE JUN XIAN (driver of motor vehicle SLA 4145S at the material time) in his claim for personal injury suffered as a result of a road traffic accident that occurred on 9 February 2021 at about 18:20 hours along Thomson Road involving SLA 4145S and SLN 3396Y (the "accident").
2. We have been instructed that the above accident was caused by your/your servant's and/or agent's negligence and/or contributory negligence in the driving and management of motor vehicle no. SLN 3396Y. As a result of the accident, our client has been put to loss and expense.
3. Accordingly, and in compliance with the PIMA Protocol (see "NOTE" below), **we hereby give you notice of our client's intention to claim damages against you** for personal injuries and consequential loss and expense suffered by our client as a result of your/your servant's and/or agent's negligence and/or contributory negligence at the material time, and, if necessary, to commence legal action against you/your servant and/or agent for the same.

NOTE: *The Pre-Action Protocol for Personal Injury Claims, Appendix E of the State Courts Practice Directions Amendment No. 1 of 2016 ("the PIMA") is relevant and applies to all claims for personal injury as a result of road traffic and industrial accidents. Relevant provisions of the mentioned PIMA will be hereafter highlighted. A soft copy can be found at: <https://epd.statecourts.gov.sg/Appendices.html#appendix-e-pre-action-protocol-for-personal-injury-claims>*

4. In compliance with the paragraph 3.2 of the PIMA Protocol, we set-out the quantification of our client's claim at this point in time as follows:-

General Damages

a) Pain & Suffering		
(i) Whiplash Grade 1	\$	7,000.00
(ii) Bilateral Trapezius Strain	\$	4,000.00
(iii) Low Back Strain	\$	4,000.00

Special Damages

b) Medical expenses	\$	72.00
c) Transport expenses	\$	30.00
d) Repair Cost	\$	5,400.00
e) Rental (6 days x \$120.00)	\$	720.00

In view of an amicable settlement at this stage of the intended proceedings, we further render below a list of disbursements incurred (at this point in time):-

Disbursements incurred as to date:


f) LTA search fee	\$	7.49
g) Medical report fee	\$	321.00
h) Incidentals	\$	100.00

5. Please note that the above quantification is made on a "Without Prejudice" basis and we reserve our client's rights to re-quantify the claim.
6. Pursuant to paragraph 3.8 of the PIMA Protocol, kindly find annexed herewith copies of the following documents for your consideration:-
- a) GIA Report filed by the driver of motor vehicle;
 - b) LTA search;
 - c) Medical Report and the Payment Receipt issued the Clinic
 - d) Medical receipt; and,
 - e) Medical certificate
 - f) A copy of Final Repair Bill;
7. We would like to bring to your attention paragraph 3.9 of the PIMA Protocol, which requires you to pass this letter of claim and the attached documents to your insurer immediately upon receipt, if you wish to make a claim under your insurance policy.
8. Please also be informed that paragraph 4.1 of the PIMA Protocol requires you to send us a letter acknowledging receipt of this letter within fourteen (14) days from the date of this letter. Failure to comply permits us to commence legal proceedings without sanction by the court (paragraph 4.2, PIMA Protocol).
9. Further, pursuant to the requirements of paragraph 4.4 of the PIMA Protocol, you are to write to us substantively on the following within 8 weeks from the date of this letter:

- a) Whether you, or, your insurer is/will be defending the claim. In the event your insurer is not defending the claim, the reason(s) for your insurer's decision not to is/are to be provided;
 - b) In the event your insurer is the party writing to us, apart from satisfying the other PIMA Protocol requirements, the reply letter must also state the name(s), telephone number(s), fax number(s) of the relevant insurance officer(s) handling the matter, as well as the insurer's file reference number(s) for the purposes of facilitating correspondence;
 - c) Your position on the claim on both liability and quantum. If the claim is not admitted in its entirety, reasons for the partial or complete non-admittance and a list of documents, together with copies of all relevant supporting documents, are to be provided. Please note that Singapore Accident Statements and police reports provided must be full and complete and must reflect the names, identification numbers and addresses of all persons involved in the accident together with type-written transcripts of their factual accounts of the accident;
 - d) You must also state your position on quantum and/or make an offer of settlement within fourteen (14) days of receipt of the medical report from the medical expert.
10. **TAKE NOTICE** that we wish to appoint our client's doctor(s) as the Single Joint Expert ("SJE") in the matter, as per the medical report and/or specialist medical report provide. Kindly let us know if you are agreeable to our proposed medical expert(s) to be the SJE in this matter.
11. In the event where the estimated quantum of the claim falls within the jurisdiction of a Magistrates Court (<\$60,000), you are required to send us a letter stating whether you agree or have any objections to the SJE appointment of the medical expert as proposed by us (relevant specialty) within fourteen (14) days of sending the acknowledgement letter to us (paragraph 4.3, PIMA Protocol). In the event you fail to reply or fail to object to any of our proposed medical expert within the stipulated timeline, you are deemed to have agreed to the appointment of our medical expert as the SJE.
12. This letter serves as a **NOTICE** to you and your insurers pursuant to Section 9(3)(a) of the Motor Vehicles (Third Party Risks and Compensation) Act that our client will commence legal proceedings against you / your servant and/or agent.

Thank you.

Yours faithfully,
MR ARULCHELVAN S
Enclosure(s)



PKS AUTOMOTIVE PTE LTD**INVOICE**

7 Toh Guan Road East
Alpha Industrial Building #04-11
Singapore 608599
Roc: 202105109G
Tel: 8614 6767 / 9182 6686
Email: admin@pksautomotive.com

DATE: March 11, 2021
INVOICE # PKS-00037
TERMS: COD

Bill To:

NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
75 BRAS BASAH ROAD
NTUC INCOME CENTRE
SINGAPORE 189557

Vehicle No.: SMK4149S

Make & Model: HYUNDAI AVANTE

DESCRIPTION	AMOUNT
ACCIDENT INVOLVING SMK4149S & FBK8967B ON 22/02/2021 ALONG TPE	
SUPPLY SPARE PARTS, PANEL BEATING, REPAIR AND SPRAY PAINTING TO PRE-ACCIDENT CONDITION	
LUMP SUM REPAIR	\$ 5,400.00
LTA SEARCH FEE	\$ 7.45
TOTAL	\$ 5,407.45

E. & O. E

Please make all cheques payable to PKS Automotive Ptd Ltd

THANK YOU FOR YOUR BUSINESS!



1st Auto Pro Pte Ltd

We Believe In Service

8 KAKI BUKIT AVENUE 4
PREMIER @ KAKI BUKIT
OFFICE @ #01-49 | WS @ #01-51&52
SINGAPORE 415875

Contact:
86146767 (Sean Lian)
91883197 (Christina Tan)

Email:
CLAIMS@1AP.COM.SG
UEN:
201702200K

Bill To:

KIT KWANG CHAN
BLOCK 444 CHOA CHU KANG AVE 4 #11-317 SINGAPORE
680444

Invoice

Inv No :	R100109
Date :	10-03-21

Attn:	Contact	Veh Number	Make Model	Terms
	87208222	SMK4149S	HYUNDAI	C.O.D.

Description	Amount (\$\$)
RENTAL OF SBP6660Y KIA CARENS LEASING FROM 22 FEB 2021 - 28 FEB 2021 \$120 x 6 DAYS	\$720.00

Reference:	Total	\$720.00
	Less: Deposit / Payment	\$0.00
	Balance Due	\$720.00

E. & O. E

Payment method: Please make all cheque payable to 1st Auto Pro Pte Ltd
OCBC Current 712-058379-001
Paynow UEN 201702200K
Paylah number 91883197

THANK YOU FOR YOUR BUSINESS!



INTEMEDICAL

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

CHIA S ARUL LLC

17 MAY 2021

RECEIVED

Subject : JONATHAN YEE JUN XIAN (S9084438E)

Dear Sir/Madam,

According to our medical records JONATHAN YEE JUN XIAN was the unfortunate victim of a road traffic accident which occurred on the 9th February 2021. He was the driver of a vehicle when he sustained a rear collision with another vehicle. There were no airbags deployed.

The impact of the accident caused him to be thrown forwards in his vehicle while being restrained by the seatbelt. There was no loss of consciousness, headache or vomiting. He did not sustain any forward head trauma or complain of retrograde amnesia. However, he did experience pain of the neck and lower back.

He subsequently visited our Intemedical Kovan Clinic for a medical consult at 1951 hours on the 9th February 2021. Physical examination revealed no lacerations, abrasions or scars. There was tenderness elicited over the paraspinal neck muscles, and normal range of motion of flexion and extension of his neck. Lateral rotation of his neck was also normal. There were no abnormalities or deformities in the shoulder joint and spine. In addition, there were no other signs of head injury as he was conversant and conscious throughout the consult. Gait was also normal. There was no loss of power or sensation. There was no chest wall bruising or deformity. There was tenderness on bilateral trapezius squeeze. There was paravertebral tenderness of the lower back

Further radiographic images were not deemed necessary as there was low suspicion of fractures, dislocations or nerve injuries due to the largely normal examination findings.

The patient was thereafter counselled and given appropriate advice to monitor his symptoms and to return to the clinic should he experience further persisting or new symptoms.

The injury sustained by this gentleman therefore falls under the category of whiplash injury grade 1 caused by a road traffic accident. This is as he suffers from paraspinal tenderness of the neck and persistent neck pain.

He was also diagnosed with bilateral trapezius, lower back strain.

He was given anarex, cogesic cream and arcoxia for analgesia and given 5 days of medical leave from 9th February 2021 to the 13th February 2021. He was not referred to any specialist for further management under our records.

He is unlikely to suffer from future physical disabilities or complications as a result of this incident.

Please do not hesitate to contact us should you require more information on our part.

Dr. Tyler Jie Sheng Lim
MCR: M19711D
MBBS (SINGAPORE), GDFM (SINGAPORE)

DR TYLER JIE SHENG LIM
MBBS. (S'pore), GDFM (S'pore)
MCR 19711D
INTEMEDICAL KOVAN
210 HOUGANG ST 21 #01-233
SINGAPORE 530210
TEL: (65) 6243 3036 FAX: (65) 6243 3103
EMAIL: contact.kovan@intemedical.com



INTEMEDICAL

AS. 2021-0142

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



TAX INVOICE

Invoice No. NV-KV026689
Invoice Date: 05/05/2021

Provider: Tyler Jie Sheng Lim

JONATHAN YEE JUN XIAN (SXXXX438E)

Ref ID : KV11412

289 BISHAN STREET 24, #06-17, SINGAPORE, 570289

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
MEDICAL REPORT CHIA S ARUL LLC. MAYBANK. CHEQUE NO - 9517	1	EA	300.00		300.00

Subtotal : \$300.00

7% GST : \$21.00

Total : \$321.00

Amount Paid : \$321.00

O/S Balance : \$0.00

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-KV029987	10/05/2021	321.00	CHEQUE	CHIA S ARUL LLC. MAYBANK. CHEQUE NO - 9517	

Remark: CHIA S ARUL LLC. MAYBANK. CHEQUE NO - 9517

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

For Safety reason medication sold are non refundable and non exchangeable

CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

ARULCHELVAN S • DANIEL WOO

Our Ref : AS.2021-0142.ET

Your Ref : -

29 APR 2021

INTEMEDICAL KOVAN
210 HOUGANG STREET 21
#01-233
SINGAPORE 530210

(Attn: Medical Records Office)

Dear Sirs,

NAME : JONATHAN YEE JUN XIAN
NRIC NO. : SXXXX438E

1. We refer to the above matter and email on 2 March 2021.
2. As requested, we now enclose herewith our firm's cheque for the sum of \$321.00 being payment towards our client's medical report.
3. Kindly furnish us with a medical report on our above named client at the soonest.
4. Please do not hesitate to contact our Ms Elvina should you need further clarification.

Yours faithfully,



Maybank Singapore Limited

PAY TO 折交
BAYAR

medical
KTR medical Pte Ltd

SINGAPORE 新加坡
DOLLARS

S\$963

CHIA S ARUL LLC-OFFICE ACCOUNT

DATE 日期
TARIKH

29 APR 2021

OR-BEARER 或携票人取 ATAU PEMBAWA

S\$

CHEQUE NO.

BANK/BRANCH NO.

ACCOUNT NO.

Please sign above this line 请在此线以上部分签署
Silalahi Tandatangan Di Atas Garisan Ini

its)

00095171730200171015026

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date of Submission	10/02/2021 16:46 (SGT)
Date of Accident	09/02/2021 18:20 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	TWDS NEWTON CIRLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4145S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JONATHAN YEE JUN XIAN
NRIC No	SXXXX438E
Email Address	jonathan.yeejx@gmail.com
Mobile Phone No	(Phone) +65-87000868
Alternative Phone No	+65-87000868

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113856568
Cover Note Number	-

DRIVER

Name of Driver	JONATHAN YEE JUN XIAN
NRIC No	SXXXX438E
Date Of Birth	09/07/1990
Occupation	Outdoor

Date Of Driving Pass	13/09/2019
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87000868
Alt. Phone Number	+65-87000868
Email Address	jonathan.yeejx@gmail.com
Address	BLK 289 BISHAN STREET 24
Address complement	#06-17
Postcode	570289
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:E/20210209/7027

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN3396Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMX3269S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JONATHAN YEE JUN XIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLA4145S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

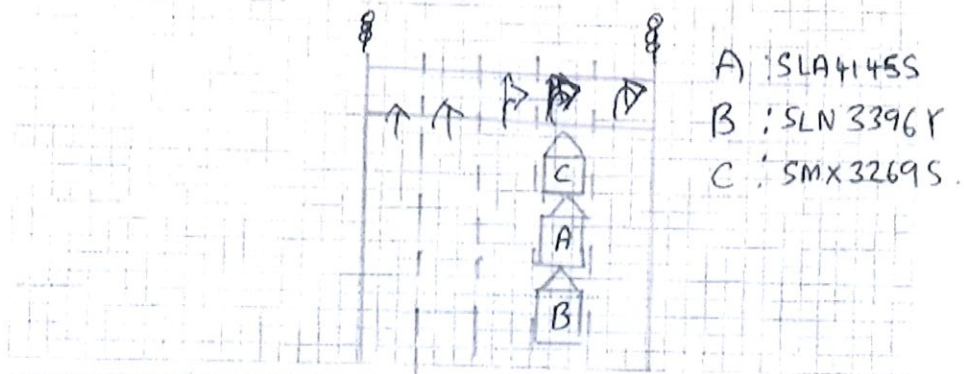
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

2019-01-01 10:00:00

SKETCH PLAN

Thomson Road towards Newton Circle.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



E/20210209/7027

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Report No. E/20210209/7027

Date/Time Report Made 09/02/2021 20:49	Vide Report No.	Station Diary No.
Name Of Informant JONATHAN YEE JUN XIAN	Address 289 BISHAN STREET 24 #06-17 SINGAPORE 570289	
ID Type / ID No. NRIC NO / S9084438E	Contact No. Home/Office: Mobile: 87000868	
Nationality MALAYSIAN	Email Address JONATHAN.YEEJX@GMAIL.COM	
Occupation Sales and marketing manager	Sex Male	Age 30
Institution/School Name	Date of Birth 09/07/1990	Race Chinese
Date/Time Of Incident 09/02/2021 18:20 - 09/02/2021 18:25	Location Of Incident THOMSON ROAD	

Brief details.

I was travelling on Thomson Road towards Newton Road. My vehicle was stationary as the traffic light for turning right was red. Suddenly i felt an huge impact from the back of my vehicle and my vehicle was pushed forward to hit the vehicle infront. The vehicle behind me was a Black Toyota 7 seater SLN3396Y and the vehicle infront of me was a Silver BMW 216i SMX3269S. No one was conveyed to the hospital by ambulance. i felt discomfort on my back and neck later, i went to Intermedical Kovan Clinic and was given 5 days MC.

Subjects Involved

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

09/02/2021 20:49

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20210209/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210209/7027

Victim			
Person Name	JONATHAN YEE JUN XIAN		
ID Type	NRIC NO	ID No	S9084438E
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address	289 BISHAN STREET 24 #06-17 SINGAPORE 570289
Mobile No	87000868	Is Informant A Victim?	Yes
Person Name	JONATHAN YEE JUN XIAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2021 20:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	30 Apr 2021 / 10:49:29	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	SLN3396Y		
Transaction Type:	18.19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	External Agency
User ID:	ECSACSK1 - CHIA SEE KIM ANGELA SHARON	Business Transaction Reference No.:	20210430104929626383

As at Date of Search: 09 Feb 2021
As at Time: 18:20:00
Vehicle No.: SLN3396Y
Search Reason: -
Date of Filing: -
Suit No.: -
Law Firm Case No.: -
Information displayed is correct as at the log date and time.

Enquire Related Logs OK



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

INTEMEDICAL

Provider: Tyler Jie Sheng Lim

Invoice No. NV-KV018312
Invoice Date: 09/02/2021

JONATHAN YEE JUN XIAN (SXXXX438E)

Ref ID :KV11412

289 BISHAN STREET 24, #06-17, SINGAPORE, 570289

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREX)	20	TABS	0.40		8.00
ETORICOXIB TAB 120MG	10	TABS	3.00		30.00
METHYLSALICYLATE 30% CREAM 25G (COGESIC MAX)	1	TUBE	8.00		8.00
CONSULTATION	1	EA	26.00		26.00

Sub Total : \$72.00

7% GST : \$0.00

Total : \$72.00

Amount Paid : \$72.00

O/S Balance : \$0.00

Receipt No.	Payment Date	Paid Amount	Payment Method	Remark	Company
RT-KV019162	09/02/2021	72.00	NETS		

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

For Safety reason medication sold are non refundable and non exchangeable

NETS

NETS0020.007
KTR MEDICAL
210 HOUGANG
#01-233 THANK YOU
111904337000 90488701
002751 REF:20483
NETS PURCHASE CUR
0080

09 FEB 2021 19:54:05
002751 195407 00

TOTAL: \$72.00

APPROVED

NETS

**INTEMEDICAL KOVAN**

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

INTEMEDICAL**MEDICAL CERTIFICATE****MC No:** OD-KV0000067021**NAME:** JONATHAN YEE JUN XIAN**NRIC:** S9084438E

This is to certify that the above patient name is Unfit for Duty for a period of 5 day
from **09-02-2021** to **13-02-2021** inclusive.

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

DR TYLER JIE SHENG LIM
MBBS. (S'pore), GDFM (S'pore)
MCR 19711D
INTEMEDICAL KOVAN
210 HOUGANG ST 21 #01-233
SINGAPORE 530210
TEL: (65) 6243 3036 FAX: (65) 6243 3103
EMAIL: contact.kovan@intemedical.com

Tyler Jie Sheng Lim

MCR: M19711D

MBBS (SINGAPORE), GDFM (SINGAPORE)

Signature

09/02/2021

Date