

# HOH 何进才律师馆 LAW CORPORATION

COMPANY REGISTRATION NO : 200302898Z  
ADVOCATES & SOLICITORS  
NOTARIES PUBLIC  
COMMISSIONERS FOR OATHS  
TRADE MARK AGENTS

60 PAYA LEBAR ROAD, #04-46  
PAYA LEBAR SQUARE  
SINGAPORE 409051  
TEL : 6702 5326  
FAX : 6384 2819  
EMAIL : law@hoh.com.sg

WRITER DID : 6244 5753  
WRITER EMAIL : zainal@hoh.com.sg

Please send all correspondences, documents and facsimile transmissions to the abovementioned Office. Facsimile numbers are not for service of Court documents.

Your Ref: Please advise  
Our Ref: H-2022-011-0023PI/Z

30.12.2022

AXA Insurance Pte Ltd  
8 Shenton Way  
#24-01 AXA Tower  
Singapore 068811  
Attention: Motor Claims Department

Via Ar. Registered Post  
motor.doc@axa.com.sg  
With Enclosures

Mr Tan Gim Guan  
Apt. Blk 560 Ang Mo Kio Avenue 10  
#02-1750  
Singapore 560560

By Certificate of Posting

Dear Sirs

**PERSONAL INJURY – ACCIDENT ON 24/04/2022 @ 14.20 P.M. ALONG PASIR RIS DRIVE 4 LAMP POST NO. 5 INVOLVING FBS 4503 R AND SHC 3193 X**

1. We are instructed by Mr Meenatchi Sundaram Gunaseelan (the claimant), to claim damages against you, as the insurers of the motor taxi bearing registration number SHC 3193 X driven by your insured who drove the motor taxi, at the material time of the accident.
2. We are instructed that the accident was caused by your insured's negligence in the driving and/or management of the motor taxi. As a result of the accident, the claimant suffered personal injuries. His injuries are set out in the medical reports annexed to this letter. He has been put to loss and expense, particulars of which are as follows:

**General damages**

- a. Pain and Suffering - An acute comminuted intra-articular fracture of the right lateral, tibial plateau and sustained a left pisiform fracture. Tenderness over the left ulnar styloid, tenderness over the thumb, tenderness over the right thigh, effusion over the right knee and tenderness over the right fibular head.
- b. Loss of earning capacity
- c. Cost of future medical expenses

**Special damages**

a. Medical expenses and continuing	S\$6,057.45
b. Transportation expenses and continuing	S\$ 200.00
c. Cost of repairs	S\$4,930.00
d. Loss of use at S\$50.00 X 3 days	S\$ 150.00
e. Loss of Overtime at an average \$212.00 X 2 months	S\$ 424.00
f. Damage to watch	S\$ 300.00
g. Damage to gold bangle	S\$ TBP
h. Damage to gold ring	S\$ TBP
i. Loss of Part time earnings	S\$ TBP

Costs and disbursements to be agreed or taxed

3. We enclose copies of the following supporting documents:
  - a. LTA search of SHC 3193 X.
  - b. Police reports lodged by our client.
  - c. Police reports lodged by your insured.
  - d. Our client SAS report.
  - e. Vehicle Damage Report of FBS 4503 R and SHC 3193 X.
  - f. Letter from traffic Police dated 23 June 2022.
  - g. First Information Report.
  - h. Changi General Hospital Medical reports dated 17 October 2022 and 18 October 2022.
  - i. ST Appraisal Services surveyor's report.
  - j. Medical bills and medical certificates.
4. Please note that you should send us an acknowledgement of receipt of this letter within the next (fourteen) 14 days of your receipt of this letter. Upon acknowledgement of this letter, we will provide our quantification of damages to you.
5. If you wish to have the claimant examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise within fourteen (14) days of the acknowledgement of receipt, where and when the examination of the claimant is to take place so that we may make the necessary arrangements for him to attend, subject to you meeting all expenses relating to such medical examination
6. Should you fail to acknowledge receipt of this letter within 14 days, the claimant can commence legal proceedings against your insured without further reference to you or your insured.
7. Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send us a letter giving full particulars of the counterclaim together with all the documents within 8 weeks of your receipt of this letter.

8. In this regard, we hereby give you notice pursuant to section 9 (6)(a) of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap 189) before the commencement of proceedings.
9. Should you require clarification, please do not hesitate to contact our Claims Manager Mr Mas Zainal Abidin at DID 6244 5753, email : [zainal@hoh.com.sg](mailto:zainal@hoh.com.sg) ; [vasan@hoh.com.sg](mailto:vasan@hoh.com.sg).

Yours faithfully



*N. Srinivasan*

**HOH LAW CORPORATION**

Enc.

**Enquire Vehicle's Insurance Particulars ( As At 24 Feb 2022 / 14:20:00 )**

Vehicle No.:

**SHC3193X**

Make Description/Model:

**HYUNDAI / AE IONIQ HEV 1.6 DCT**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20220620164200942379**

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



Restricted, Sensitive (Normal)

**PRIVATE & CONFIDENTIAL**

H-2022-011-0023PI/Z  
MPL/2022/0010817

17 October 2022

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

**MEDICAL REPORT**  
MEENATCHI SUNDARAM GUNASEELAN  
S7863154F

This medical report has been prepared based on a review of the patient's medical records at Accident & Emergency department (A&E) of Changi General Hospital (CGH). The author did not personally examine the patient.

Patient was seen on the 24 April 2022. Patient was a motorcyclist involved in a road traffic accident.

On examination, patient was conscious and alert.

Injuries sustained:

- tenderness over the left ulnar styloid.
- tenderness over the left thumb.
- tenderness over the right thigh.
- effusion over the right knee.
- tenderness over the right fibular head.

X-rays done was reported as an acute comminuted intra-articular fracture of the right lateral tibial plateau is noted. The fracture line appears to extend to the proximal tibia on lateral view. A moderate lipohaemarthrosis is seen.

Patient was admitted to the ward for further management.

**DR PRAVIN THIRUCHELVAM**  
Staff Registrar  
Accident & Emergency Department



Changi  
General Hospital

SingHealth

**CONFIDENTIAL**

Tel: (65) 6788 8833  
Fax: (65) 6788 0933  
Changi General Hospital  
2 Simei Street 3  
Singapore 529889  
www.cgh.com.sg  
Reg No 198904226R

Our Ref : MPL/2022/0010818  
Your Ref : H-2022-011-0023PI/Z

18 October 2022

Chairman Medical Board  
Changi General Hospital  
2 Simei Street 3  
Singapore 529889

Dear Sir

**MEDICAL REPORT FOR MEENATCHI SUNDARAM GUNASEELAN, NRIC/FIN: S7863154F**

**This report is written based on available Changi General Hospital (CGH) records and pertains to the patient's orthopaedic conditions only. The author did not personally examine this patient for the purpose of this report.**

The patient was admitted to Changi General Hospital on 24 April 2022 and discharged on the 28 April 2022. He was involved in a road traffic accident and sustained an acute comminuted right tibial plateau fracture. He also sustained a left pisiform fracture.

As an inpatient, he underwent open reduction internal fixation of the right tibia fracture with arthroscopic assisted reduction and removal of loose bodies on 27 April 2022. Post operatively, he had recovered well. He was advised to avoid weight bearing on his right lower limb for 6 weeks after the operation.

He was last reviewed in our Orthopaedic Clinic on the 28 September 2022 to which he was given a follow up appointment in 8 months and allowed to weight bear as tolerated on his right lower limb.

Yours sincerely

**DR RITESH DEO ZUN XIONG**  
**M66999G**

**Dr Ritesh Deo Zun Xiong**  
**MCR No: M66999G**

Medical Officer  
Department of Orthopaedic Surgery

**PATIENTS. AT THE HEART OF ALL WE DO.®**

**SingHealth Duke-NUS Academic Medical Centre**

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital  
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore  
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics



**SINGAPORE  
POLICE FORCE**



T/20220509/2107

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20220509/2107

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/05/2022 19:31		Vide Report No.: G/20220424/0153		Station Diary No.: 84	
<b>Informant's Particulars</b>					
Name of Informant: MEENATCHI SUNDARAM GUNASEELAN			Address: APT BLK 226 PASIR RIS STREET 21 #08-86 SINGAPORE 510226		
ID Type / ID No.: NRIC NO / S7863154F			Contact No.: Home/Office: Mobile: 90602069		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 24/01/1978	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: LIFTING ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2022 14:20	Type of Location: T-Junction
Location:  PASIR RIS DRIVE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4503R	Motorcycle	YAMAHA	FZS ABS MANUAL	Blue	Seriously Damaged	0
SHC3193X	Car					3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS4503R	NTUC Income Insurance Co-Operative Limited	5121927692-01	24/04/2022	23/04/2023



**SINGAPORE  
POLICE FORCE**



T/20220509/2107

3 of 3

Report No. T/20220509/2107

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature of Officer Recording The Report:

G /

Other AMAL NADHIRAH BINTE  
JUFRI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
SI VILTON HIA WEE SIANG  
Contact No.: 65476232

Signature Of Informant:

Date/Time:

09/05/2022 19:31

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**



T/20220509/2107

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20220509/2107

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MEENATCHI SUNDARAM GUNASEELAN	ID No.	S7863154F
Related Vehicle	FBS4503R (Motorcycle)	Contact No.	90602069
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/04/2022	Date Discharge	28/04/2022
No. of Days granted Medical Leave	35	Degree of Injury	Serious

**Brief Details.**

On the 24/4/2022 at about 2.20pm, I was at the slip road near to Pasir Ris NPC, waiting to make a right turn to Pasir Ris Drive 4 towards Dr 1. At that point of time, there were a few vehicles waiting to make a left turn to Pasir Ris Drive 4 towards Pasir Ris Dr 3. I was at the stop line, inching out, wanting to turn right. As I was about to make the right turn, suddenly a taxi, SHC3193X, appeared out of nowhere and hit onto the middle of my vehicle. The impact caused me to skid to my left side.

I was then conveyed to Changi General Hospital. I was in the hospital from 24/4/2022 to 28/4/2022, and was given 35 Hospitalization Leave until 28/5/2022.



# SINGAPORE POLICE FORCE



T/20220424/2058

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20220424/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/04/2022 16:49	Vide Report No.: G/20220424/0153	Station Diary No.: 66
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**Informant's Particulars**

Name of Informant: TAN GIM CHUAN			Address: APT BLK 560 ANG MO KIO AVENUE 10 #02-1750 SINGAPORE 560560	
ID Type / ID No.: NRIC NO / S7131445F			Contact No.: Home/Office: Mobile: 98628250	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 14/09/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/04/2022 14:15	Type of Location: T-Junction
Location:  PASIR RIS DRIVE 4				
Lamp Post Number: 5				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Certified True Copy

pursuant to Sec. 76 of the  
Evidence Act, Cap 97.MAHATHIR HASAN  
Traffic Police  
Date:

23 JUN 2022

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4503R	Motorcycle	YAMAHA	FZS	Blue	Seriously Damaged	0
SHC3193X	Car	HYUNDAI	IONIQ	Blue	Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220424/2058

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20220424/2058

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAN GIM CHUAN		ID No.	S7131445F
Related Vehicle	SHC3193X (Car)		Contact No.	98628250
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
<b>Rider</b>				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 24/04/2022, at about 1415hrs, I was driving along the right lane of Pasir Ris Dr 4 heading towards Pasir Ris Dr 3 in my taxi (SHC3193X) with 4 passengers. As I was approaching a T- Junction, near Lamppost 5, there was a lorry turning in to the minor road. I could not see if there was any vehicle coming out from the minor road. I continued driving straight and all of a sudden, a motorcyclist appeared out from the minor road and was right in front of my taxi. I tried to swerve to the right and jam braked however I could not stop in time and ended up colliding in to the motorcyclist. The rider fell from his motorcycle and I got out from my taxi to help him. He was conscious and he told me that his leg was in pain. I told him not to move and called for the ambulance for him.

The ambulance came shortly after and conveyed the rider away. My taxi sustained heavy damages to the front left portion and could no longer move. The rider's motorcycle also sustained heavy damages. My taxi had been towed away to the comfort delgro workshop. I wish to state that I felt some pain on my chest area due to the seatbelt pull however after paramedics made a check on me, I was informed that I do not need any immediate medical attention,

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

*Mahathir Hasan*

MAHATHIR HASAN  
Traffic Police  
Date:

23 JUN 2022



**SINGAPORE  
POLICE FORCE**



T/20220424/2058

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20220424/2058

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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

MAHATHIR HASAN  
Traffic Police  
Date:

23 JUN 2022

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

Signature of Officer Recording The Report:

G /

Other MOHAMAD ASHRAF BIN  
MOHAMAD ZAKARIA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/04/2022 16:49

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No.: 65476232

Classification Of Case:



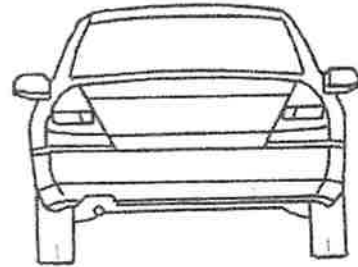
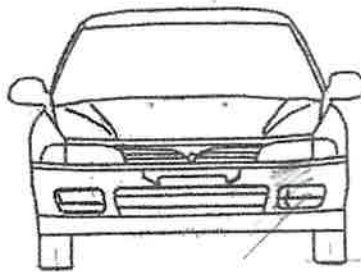




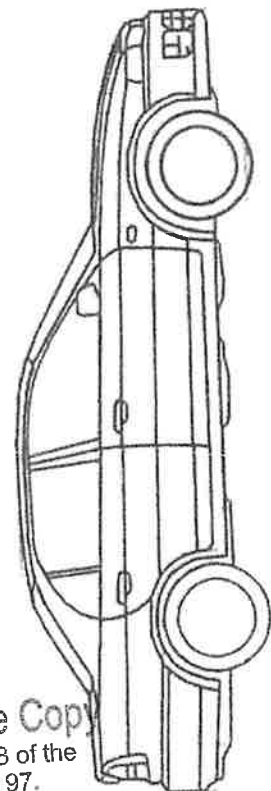
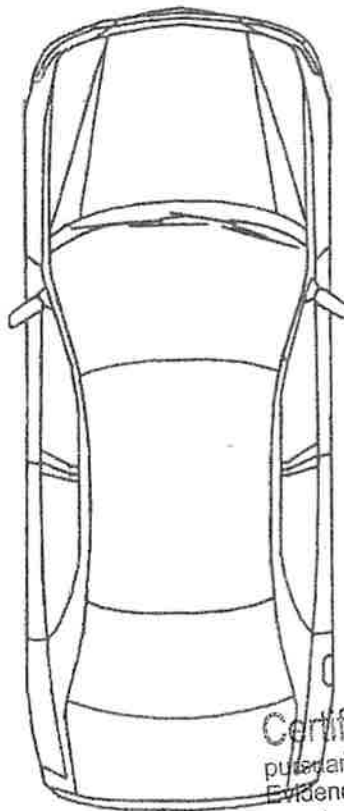
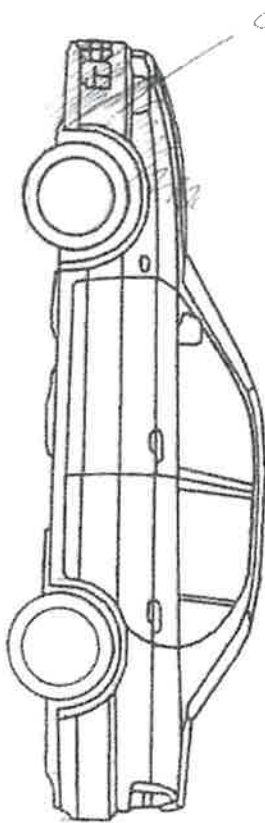
## VEHICLE DAMAGE REPORT

Vehicle No: <u>SHC 3193 x</u>	Make/Colour: <u>Hyundai / Blue</u>	Examined by: <u>Sgt T120119</u>	Signature: <u>[Signature]</u>
Accident Date & Time: <u>-</u>		Examination Date & Time: <u>24/5/2022 1530hrs.</u>	
Location: <u>Pasir Ris Dr 4 x Pasir Ris Dr 4 Lp 5</u>			'P' Plate Displayed: YES / NO <u>NO</u>

Code	Description
X	Damaged but functional
+	Broken not functional
*	Missing
S	Scratched
D	Dented
C	Crumpled
R	Ripped off
B	Bald
CK	Cracked
P	Punctured
T	Twisted



ck



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

[Signature]

MAHATHIR HASAN  
Traffic Police  
Date:

23 JUN 2022

**SINGAPORE  
POLICE FORCE**

G/20220424/0153

**FIRST INFORMATION REPORT  
CASE OF TP - RTA (FATAL/SERIOUS)****REF:G/20220424/0153****VIDE:****Call Information**

**Time of Call:** Sunday, 24 April 2022 14:20:37 to 14:20:37  
**Time of Incident:** Sunday, 24 April 2022 14:20:37  
**Time of Incident Creation:** Sunday, 24 April 2022 14:22:07

**Caller ID:****Subscriber Name:****Subscriber Address:****Subscriber Phone Type:** Unknown**Special Remarks:** -**Incident Created By:** Chan Xiang Da at WT2-4102**Source Type:** 999**Priority:** Non-urgent**First Information****Caller Name:****Caller Supplied Location:** APT BLK 1 PASIR RIS DR 4 PASIR RIS NPC\* SINGAPORE 519457**Location Remarks:****Contact Number:****Language Used:** English**Text of Message:**

**MEMBER OF PUBLIC CAME INTO NPC AND INFORMED THAT A TAXI HIT A MOTORCYCLE ALONG DR 4  
BESIDE PASIR RIS NPC. CAN PLEASE SEND POLICE AND AMBULANCE.**

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

MAHATHIR HASAN

Traffic Police

Date:

23 JUN 2022



**F.T. Fast Track**

**F.T. FASTTRACK 收据 RECEIPT**

25 Kallang Road 4

Block 1044 Eunos Avenue 4, #01-143, Singapore 409794

#01-77 SYNERGY @ Kallang Singapore 409700

Tel : (65) 749 1002, 749 3447 Fax : (65) 749 3937


Tel: +(65) 8739 1699 Fax: +(65) 6335 2138

27/6/2022

Vehicle Reg. No : FDH 2383R

Amount Paid : \$ 50 / - for Parking Fee Accident Blk

Name : Cash

  
Recipient

Deposit Is Not Refundable.



## **SERVE YOU MOTOR PTE LTD**

BLOCK 5033 ANG MO KIO IND PARK 2

#01-265 SINGAPORE 569536

TEL. NO: 64815652 FAX: 64831654

E-MAIL: elainesyms@gmail.com / admin@serveyou.com.sg

### **Invoice**

No.: 7083-A

Vehicle no: FBS 4503 R

Date: 01/09/2022

**MEENATCHI SUNDARAM GUNASEELAN**

Quantity	Description	Unit Price	Amount
	<b>Accident Date <u>24/04/2022</u></b>		
1	Towing charges from TP compound to AA Motor Pte Ltd		\$50.00
2	Towing charges from AA Motor Pte Ltd to Serve You Motor Pte Ltd		\$30.00
3	Storage charge		\$250.00
4	Administrative Cost		\$100.00
5	Lump Sum Repair		\$3,300.00
Received the above goods in good conditions.		<b>Total</b>	<b>\$3,730.00</b>

  
\_\_\_\_\_  
Serve You Motor Pte Ltd



## 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	23/06/2022 14:20 (SGT)
Reported by	Both
Date of Accident	24/04/2022 14:20 (SGT)
Exact Location of Accident	Pasir Ris Drive 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS4503R
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MEENATCHI SUNDARAM GUNASEELAN
NRIC No	S7863154F
Email Address	GUNASEELAN_SG@YAHOO.COM
Mobile Phone No	(Phone) +65-90602069
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz150
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	Motorcycle
Transmission	Manual
CC	150

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5121927692-01

#### DRIVER

Name of Driver	MEENATCHI SUNDARAM GUNASEELAN
NRIC No	S7863154F
Date Of Birth	24/01/1978
Occupation	Outdoor



Date Of Driving Pass	30/10/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90602069
Alt. Phone Number	-
Email Address	GUNASEELAN_SG@YAHOO.COM
Address	BLK 226 #08-86
Address complement	PASIR RIS STREET 21
Postcode	510226
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T20220509/2107

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3193X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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)	4

#### INJURED PERSONS DETAILS

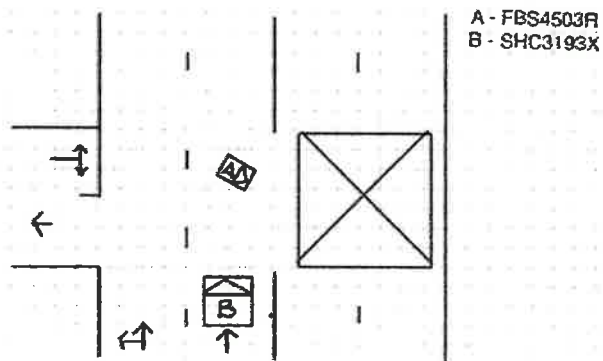
##### INJURED 1

Name of injured person	MEENATCHI SUNDARAM GUNASEELAN
Gender	Male
Phone No	(Phone) +65-90602069
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS4503R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

# SKETCH PLAN



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for text. A diagonal line is drawn from the bottom-left corner to the top-right corner, indicating that no description was provided.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 23062022 & 1500Hrs

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

Reporting Centre Personnel's Signature  
Name: Md Ikhsan  
NR/C/FIN No.: S098395



## 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: 23/06/2022 & 1500HRS (If driver is not the policyholder)

Driver's Signature

Date & Time:



Reporting Centre Personnel's Signature

Name: Md Ikhsan

NRIC/FIN No.: S098395
























**SINGAPORE  
POLICE FORCE**


T/20220509/2107

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20220509/2107

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/05/2022 19:31	Vide Report No.: G/20220424/0153	Station Diary No.: 84
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: MEENATCHI SUNDARAM GUNASEELAN			Address: APT BLK 226 PASIR RIS STREET 21 #08-86 SINGAPORE 510226		
ID Type / ID No.: NRIC NO / S7863154F			Contact No.: Home/Office: Mobile: 90602069		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 24/01/1978	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: LIFTING ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2022 14:20	Type of Location: T-Junction
Location:  PASIR RIS DRIVE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4503R	Motorcycle	YAMAHA	FZS ABS MANUAL	Blue	Seriously Damaged	0
SHC3193X	Car					3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS4503R	NTUC Income Insurance Co-Operative Limited	5121927692-01	24/04/2022	23/04/2023



SKETCH PLAN


**SINGAPORE  
POLICE FORCE**


T/20220509/2107

2 of 3

Report No. T/20220509/2107

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MEENATCHI SUNDARAM GUNASEELAN	ID No.	S7863154F
Related Vehicle	FBS4503R (Motorcycle)	Contact No.	90602069
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/04/2022	Date Discharge	28/04/2022
No. of Days granted Medical Leave	35	Degree of Injury	Serious

**Brief Details.**

On the 24/4/2022 at about 2.20pm, I was at the slip road near to Pasir Ris NPC, waiting to make a right turn to Pasir Ris Drive 4 towards Dr 1. At that point of time, there were a few vehicles waiting to make a left turn to Pasir Ris Drive 4 towards Pasir Ris Dr 3. I was at the stop line, inching out, wanting to turn right. As I was about to make the right turn, suddenly a taxi, SHC3193X, appeared out of nowhere and hit onto the middle of my vehicle. The impact caused me to skid to my left side.

I was then conveyed to Changi General Hospital. I was in the hospital from 24/4/2022 to 28/4/2022, and was given 35 Hospitalization Leave until 28/5/2022.



**SINGAPORE  
POLICE FORCE**

T/20220509/2107

3 of 3

Report No. T/20220509/2107

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

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

Signature of Officer Recording The Report:

G /

Other AMAL NADHIRAH BINTE  
JUFRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2022 19:31

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No.: 65476232

Classification Of Case:

NP168



**KATOOM CUSTOMS**

#05-55, 8 Kaki Bukit Ave 4  
Premier @KB  
Singapore 415875  
+65 98246591  
katoomcustoms@gmail.com  
Company Registration No. UEN 53374246C

**INVOICE**

**BILL TO**  
FBS4503R/ Guna

**INVOICE NO.** 10368  
**DATE** 07/07/2022

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
<b>Sales</b>	Fork Press	1	160.00	160.00
<b>Sales</b>	Body Press	1	60.00	60.00
<b>Sales</b>	Foot Rest Assly	1	35.00	35.00
<b>21CF611101</b>	HANDLEBAR	1	60.00	60.00
<b>H3922-5YY-01</b>	Brake Lever Fz16	1	20.00	20.00
<b>21CF624000</b>	FZ16 Grip Assy left & right	2	12.50	25.00
<b>BK7F629000</b>	Side Mirror RH FZ16/R15	1	35.00	35.00
<b>2GSH333000</b>	REAR FLASHER LIGHT ASSY 1 - FZ16/R15	1	25.00	25.00
<b>Sales</b>	Front Mudguard + Left & Right cover	1	180.00	180.00
<b>Lab100</b>	Labour charges	1	250.00	250.00
<b>Customer's Deposit</b>	To deduct from total bill	1	-	-200.00
	Spray work		200.00	550.00
	Fz-S Matt blue			

Purchased items or services are non-returnable or refundable

**PAYMENT**  
**BALANCE DUE**

1,200.00  
**S\$0.00**

Thank you for choosing us, Let's ROAR >>>



# **Appraisal Services**

**Insurance Loss Adjusters & Licensed Appraisers**

**Insurance Claim Investigator**

Business Address: 110A Arab Street Singapore 199806

Mobile: 98586761 / 96786893 Fax: 62970270

Mailing Address : 161 Alexandra Post Office Singapore 911506

Email: ttrajan.stappraisal@gmail.com

Date : 8<sup>th</sup> Aug 2022

Our Ref : TP / SYM FBS4503R/ 04.24/22

Your Ref :

Mr Meenatchi Sundram Gunaseelan

Blk 226 Pasir Ris Street 21

#08-86

Singapore 510226

## **DAMAGED VEHICLE (FBS 4503 R) INSPECTION REPORT (WITHOUT PREJUDICE)**

Detailed accounts of our inspection are as follows:-

### **(A) Reference**

Name of Claimant	: Mr Meenatchi Sundram Gunaseelan	Date of Request	: 24 <sup>th</sup> Jun 2022
		Referred By	: Insured
Policy No.	: Please Advice	Date of Inspection	: 26 <sup>th</sup> Jun 2022
Claim No.	: Please Advice	Date of Re-inspection	:
Accident Date	: 24 <sup>th</sup> Apr 2022	Sum Insured	: NA
Repairer	: M/s Serve You Motor Pte Ltd	Excess Amount	: NA
	Blk 5033 Ang Mo Kio Industrial Park 2	3 <sup>rd</sup> Party Vehicle	: Please Advice
	#01-265 Singapore 569536	3 <sup>rd</sup> Party Insurer	: Please Advice

### **(B) Particulars of Vehicle**

Registration No	: FBS 4503 R	Mileage	: 20446 Km
Make & Model	: YAMAHA FZS ABS M	Engine No	: G3N5E0059785
Date of Registration	: 23 <sup>rd</sup> Apr 2021	Chassis No.	: ME1RG6628L0059621
Colour	: Blue	Engine Capacity	: 149 cc

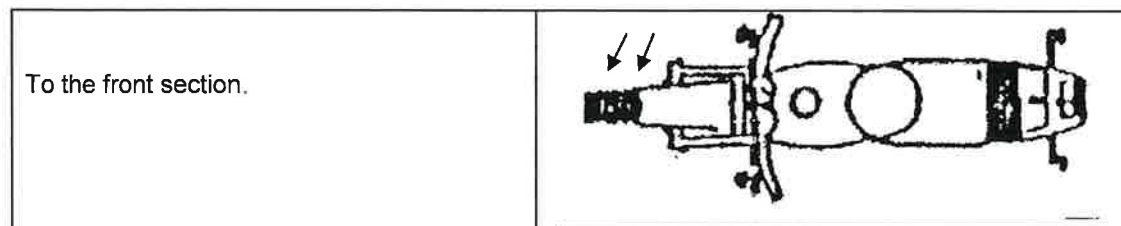
### **(C) Pre-Accident Condition (Static Test Only)**

Steering	: Serviceable	Paint Work	: Good
Foot-brake	: Serviceable	Modification	: NIL
Hand-brake	: Serviceable	General Condition	: Good

(D) Tyre Condition

	Tread Depth	Make	Size
Front	70 %	MRF	100/80 - 17
Rear	70 %	MRF	140/60 - 17

(E) Point of Impact



(F) General Description of Damages

The impact of the collision has damaged/affected the handle bar, side mirror, front fork assembly and etc.

Please refer to the Annex for a detailed account of the damages and photographs taken.

(G) Recommendation

We have inspected thoroughly the actual damages found on the vehicle, before we arrived at our recommendation as to whether the parts needed replacement or repairs.

Our adjusted cost of lump sum repair is **\$3,300.00** and an estimated **3** days is required to repair the vehicle. Please refer to the Annex for a detailed account of the cost estimates.

(H) Remarks

We have not authorized the repairs. However for information, under normal circumstances, the repairs should not exceed **3** days.

This inspection was conducted on a “**without prejudice**” basis.

We are pleased to advice that the inspection work was carried out accordingly, and hereby submit our Appraisal Report, which includes evidence photographs.

ST Appraisal Services



T T RAJAN  
MVI, ITC (Mechanical), NTC (Motor Vehicle)  
ASIET, MSAAA, Assessor/Appraiser  
AD041-2007532D

**ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS FOR VEHICLE NO: FBS 4503 R****Adjustment of Spare Parts Costs for Repairs**

Item	Qty	Vehicle parts description	Condition / Remark	Estimated by workshop	Disc. (%)	Adjusted cost
1	1	Front fender	damaged	131.00	10	117.90
2	2	Front forks	distorted	854.00	10	768.60
3	1	Front fork stem	serviceable	185.00	100	0.00
4	1	Front rim	distorted	480.00	10	432.00
5	1	Front rim shaft	distorted	67.00	10	60.30
6	1	Front rim bearing	necessary	82.00	10	73.80
7	1	Headlamp	serviceable	190.00	100	0.00
8	1	Headlamp bracket	serviceable	82.00	100	0.00
9	1	Headlamp fairing	damaged	138.00	10	124.20
10	1	Front signal lamp	damaged	39.20	10	35.28
11	1	Engine lower fairing	damaged	182.00	10	163.80
12	1	Handle bar	distorted	141.00	10	126.90
13	1	Handle bar bracket	damaged	104.50	10	94.05
14	1	Hand brake lever	damaged	42.00	10	37.80
15	1	Throttle grip	necessary	32.00	10	28.80
16	1	Side mirror (set)	damaged	80.00	10	72.00
17	1	Fuel tank upper garnish	damaged	148.00	10	133.20
18	2	Fuel tank side cover	damaged	298.00	10	268.20
19	1	Side fairing	damaged	162.30	10	146.07
20	1	Foot brake pedal	damaged	72.00	10	64.80
21	1	Front foot rest	missing	89.60	10	80.64
22	1	Muffler protector	damaged	114.00	10	102.60
23	1	Muffler garnish	damaged	89.00	10	80.10
<b>Special Nett Items</b>						
1	1	Front licence plate	damaged	15.00		12.00
2	1	Front tyre	damaged	120.00		110.00
3	1	ERP unit	serviceable	165.00		0.00
4	1	Rear box	damaged	300.00		260.00
5	1	Steering cone bearing	necessary	65.00		50.00
6	1	Front fork oil seal	necessary	19.00		16.00
<b>Total parts</b>				<b>4486.60</b>		<b>3459.04</b>

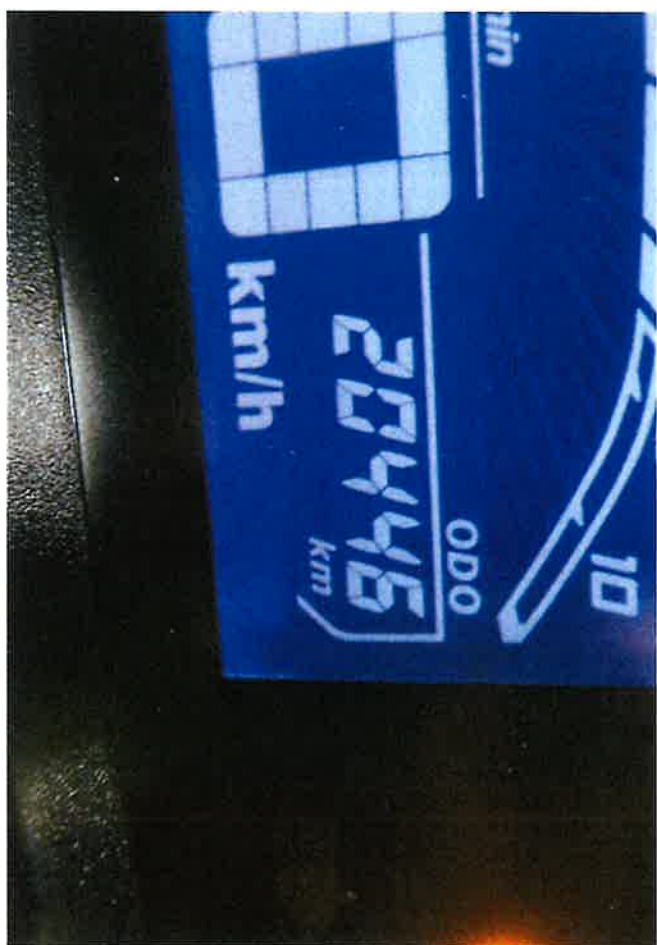
**Adjustment of Labour Costs for Repairs**

To provide towing service	50.00	40.00
To remove/replace damaged parts and components.	450.00	400.00
To carry out body frame alignment.	300.00	250.00
<b>Total labour</b>	<b>800.00</b>	<b>690.00</b>

**Adjustment Parts and Labour Costs of Repairs**

	<b>Estimated by workshop</b>	<b>Adjusted cost</b>
TOTAL PARTS COSTS	4486.60	3459.04
TOTAL LABOUR COSTS	800.00	690.00
TOTAL REPAIR COSTS	5286.60	4149.04

<b>ADJUSTED REPAIR COST</b>	<b>3300.00</b>
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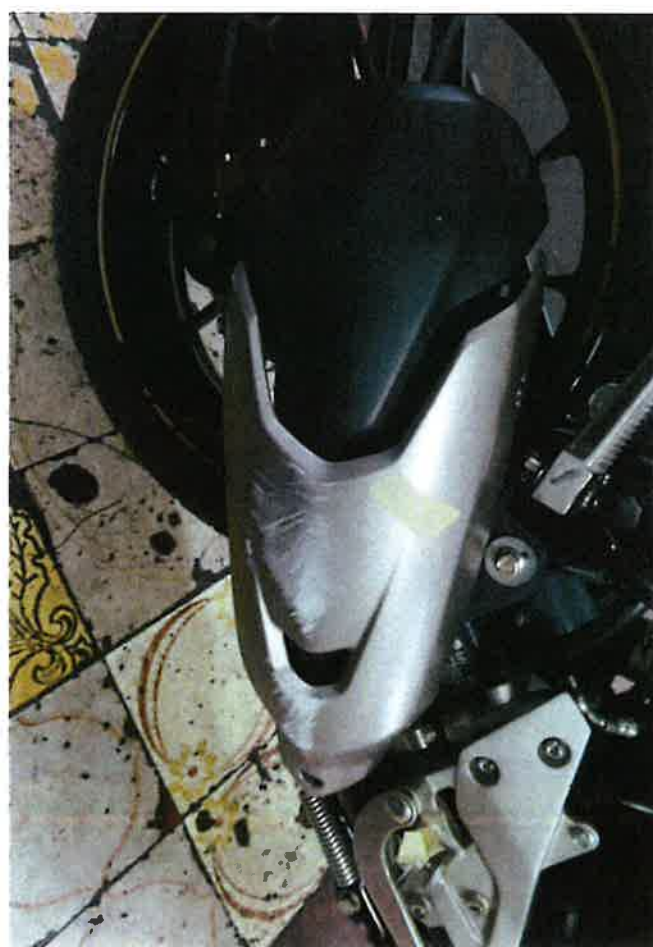








































































# AA MOTOR PTE LTD

Blk 1006 Bukit Merah Lane 2 #01-12 Singapore 159762.  
Tel : 6273 1588 Fax : 6273 1922

CASH SALE

No: 19925

Vehicle No: FBS 4503R

Date: 27-6-2022

☐ Instalment : ☒ Repair : \$50

☐ Insurance : ☐ Others : towing

☐ Deposit : \_\_\_\_\_

Nets / Cash : \$50 Received By : \_\_\_\_\_



Hp: 9616 6852

Business Reg.No:52890286E

CASH SALE

NO: 0001741

Date: 27/6/22

Particular: \_\_\_\_\_

Vehicle No: FBS 4503 R Model No: \_\_\_\_\_

From: Bt Merah AA Motor To: Serve you

Time:(Day/Night): \_\_\_\_\_

Others: \_\_\_\_\_

CASH \$ : 30/-

NOTE: Vehicle is towed at owner 's risk. The Company accepts no responsibility for damages or others  
misdemeanour to your vehicle while being towed.





Restricted, Sensitive (Normal)

**PRIVATE & CONFIDENTIAL**

H-2022-011-0023PI/Z  
MPL/2022/0010817

17 October 2022

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

**MEDICAL REPORT**  
**MEENATCHI SUNDARAM GUNASEELAN**  
**S7863154F**

This medical report has been prepared based on a review of the patient's medical records at Accident & Emergency department (A&E) of Changi General Hospital (CGH). The author did not personally examine the patient.

Patient was seen on the 24 April 2022. Patient was a motorcyclist involved in a road traffic accident.

On examination, patient was conscious and alert.

Injuries sustained:

- tenderness over the left ulnar styloid.
- tenderness over the left thumb.
- tenderness over the right thigh.
- effusion over the right knee.
- tenderness over the right fibular head.

X-rays done was reported as an acute comminuted intra-articular fracture of the right lateral tibial plateau is noted. The fracture line appears to extend to the proximal tibia on lateral view. A moderate lipohaemarthrosis is seen.

Patient was admitted to the ward for further management.

**DR PRAVIN THIRUCHELVAM**  
Staff Registrar  
Accident & Emergency Department



**Changi  
General Hospital**

SingHealth

**CONFIDENTIAL**

Tel: (65) 6788 8833  
Fax: (65) 6788 0933  
Changi General Hospital  
2 Simei Street 3  
Singapore 529889  
www.cgh.com.sg  
Reg No 198904226R

Our Ref : MPL/2022/0010818  
Your Ref : H-2022-011-0023PI/Z

18 October 2022

Chairman Medical Board  
Changi General Hospital  
2 Simei Street 3  
Singapore 529889

Dear Sir

**MEDICAL REPORT FOR MEENATCHI SUNDARAM GUNASEELAN, NRIC/FIN: S7863154F**

**This report is written based on available Changi General Hospital (CGH) records and pertains to the patient's orthopaedic conditions only. The author did not personally examine this patient for the purpose of this report.**

The patient was admitted to Changi General Hospital on 24 April 2022 and discharged on the 28 April 2022. He was involved in a road traffic accident and sustained an acute comminuted right tibial plateau fracture. He also sustained a left pisiform fracture.

As an inpatient, he underwent open reduction internal fixation of the right tibia fracture with arthroscopic assisted reduction and removal of loose bodies on 27 April 2022. Post operatively, he had recovered well. He was advised to avoid weight bearing on his right lower limb for 6 weeks after the operation.

He was last reviewed in our Orthopaedic Clinic on the 28 September 2022 to which he was given a follow up appointment in 8 months and allowed to weight bear as tolerated on his right lower limb.

Yours sincerely

**DR RITESH DEO ZUN XIONG**  
**M66999G**

**Dr Ritesh Deo Zun Xiong**  
**MCR No: M66999G**

Medical Officer  
Department of Orthopaedic Surgery

**PATIENTS. AT THE HEART OF ALL WE DO.®**

**SingHealth Duke-NUS Academic Medical Centre**

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital  
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore  
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics





**APPOINTMENT INFORMATION**

MEENATCHI SUNDARAM GUNASEELAN  
226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

**Important Notes:**

PATIENTS WHO HAVE NOT SEEN THEIR DOCTORS FOR THE SAME MEDICAL CONDITION FOR MORE THAN 24 MONTHS FROM THEIR LAST VISIT WILL BE CONSIDERED A NEW CASE FOR THE NEXT VISIT

Date (dd-mm-yyyy)	Time	Clinic	Specialty	Service Provider	Remarks
<sup>^</sup> 04-05-2022 Wednesday	8:30 am	Rehabilitative Services, Level 2, Main Building, CGH	PHYSIOTHERAPY	ANG LI YUNG	
<sup>^</sup> 01-06-2022 Wednesday	10:15 am	4E - Orthopaedic Clinic and CGH-NNI Spine Centre, Level 4, Medical Centre, CGH	ORTHOPAEDIC SURGERY	MOO ING HOW	

<sup>^</sup> Appointments created on 28-04-2022

Should your condition deteriorate, please consult a General Practitioner (GP) or Polyclinic doctor, or go to the Accident & Emergency (A&E) Department immediately.

**SPECIALIST CLINICS OPERATING HOURS**  
MON – FRI : 8.30AM TO 5.30PM  
SAT : 8.30AM TO 12.30PM\*  
\*SELECTED CLINICS  
CLOSED ON SUNDAYS & PUBLIC HOLIDAYS

**FOR NEXT 60 DAYS APPT DETAILS**  
SMS TO 77227 IN THIS FORMAT  
CGHAPPT(space)NRIC(space)DOB in DD/MM/YYYY  
eg CGHAPPT S1234567A 14/03/1990  
APPT LINE TEL NO 6850 3333



## Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name:	MEENATCHI SUNDARAM GUNASEELAN	Admission Date:	24 Apr 2022
MRN:	S7863154F Gender: Male	Clinical Discharge Date:	28-Apr-2022
Date of Birth:	24 Jan 1978	Clinical Discharge Type:	Planned Discharge
Address:	Blk/Hse:226,Level/Unit:08-88 PASIR RIS STREET 21 Singapore 510226	Length of Stay:	4 day(s) Account: 6922015482B
		Principal Doctor:	Moo Ing How (18520E)
		Dept/Location/Class:	OTO / CGH-W36-0006-19 / CLASS C - PR

## Patient's Copy

Diagnosis	
Principal:	Fracture of tibial plateau
Secondary:	Fracture of pisiform

Surgical Procedure		
Type of Procedure/Report	Description	Operation Date
Emergency	Open reduction internal fixation of right tibia fracture with arthroscopic assisted reduction and removal of loose bodies	27/04/2022 13:30

Adverse Drug Reaction/ Drug Allergy
No Known Allergies

Discharge Medication
MEDICATION(S) PRESCRIBED: - Cefalexin Capsule PO 500 mg, Q8H -- For 7 Days - Atorvastatin Tablet PO 80 mg, ON -- For 30 Days - Etoricoxib Tablet PO 90 mg, OM -- For 14 Days - Ezetimibe Tablet PO 10 mg, OM -- For 30 Days Start medication. - GliClAzide Tablet PO 40 mg, BD (Pre-meal) -- For 30 Days - LANTUS [Insulin Glargine] Solostar Sub-Cutaneous 12 unit, At bedtime -- For 30 Days - Losartan Potassium Tablet PO 100 mg, OM -- For 30 Days - MetFORMIN HCl Tablet PO 850 mg, BD -- For 30 Days Reinforce compliance - MetoCLOPramide HCl Tablet PO 10 mg, TDS PRN Nausea or Vomiting -- For 14 Days Take with tramadol - OMEprazole Capsule PO 20 mg, OM -- For 14 Days - Paracetamol Tablet PO 1 g, QDS -- For 14 Days - Tramadol HCl Capsule/Tablet PO 50 mg, TDS PRN Pain -- For 14 Days

This is not a medical report. For Patient's Personal Reference Only

Name:MEENATCHI SUNDARAM GUNASEELAN MRN:S7863154F Account:6922015482B Admission Date:24 Apr 2022

Page: 1 of 2





## Care Plan

===Discharge Plans===

NWB R LL 6w

Oralise to PO Cephalexin 1/52

<TCU>

TCU Mr Moo Inghow x 1/12 XR R knee and L wrist OA

TCU OPS with memo to review CBG trend KIV restart empagliflozin x 2/52

Memo to OPS for dressing change and STO POD14

Completed By: Kim Koh Zhi Chen (P2839B)

28 Apr 2022 15:54

Ward 36  
Changi General Hospital  
2, Simei Street 3  
Singapore 529889

This is not a medical report. For Patient's Personal Reference Only

Name: MEENATCHI SUNDARAM GUNASEELAN MRN: S7863154F Account: 6922015482B Admission Date: 24 Apr 2022

Page: 2 of 2



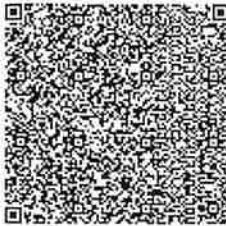
Polyclinics  
SingHealth

**TAX INVOICE (Finalised)**

Page 1 of 2

**KARUPPAYAN TAMILSELVAN**

501B WELLINGTON CIRCLE  
#05-14 MONTREAL SPRING  
SINGAPORE 752501



Accepts: PayNow

**\$ 109.90**  
**FINAL AMOUNT PAYABLE**

BILL REF. NO.  
**PR17010685E0038**

BILL DATE  
**26 APR 2022**

LOCATION  
**PCLPR (MED)**

NRIC / FIN / MRN  
**S7461024B**

VISIT DATE ► **26 APR 2022 07:08 AM**

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	188.90
GOVT SUBSIDY	\$	-79.00
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>109.90</b>
7% GST	\$	7.69
GST absorbed by Govt	\$	-7.69
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>109.90</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>109.90</b>
Net Payment made	\$	0.00
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>109.90</b>

**CHARGES**

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
<b>CONSULTATION</b>	CONSULTATION (1 QTY)	50.00	27.60
<b>LABORATORY INVESTIGATIONS</b>	SHP.DM Follow-up FASTING Orderset (HbA1c, Glu, NA/K/CL, CHO/HDL/TG/LDLc, ACR, CRE with CKD-EPI eGFR, (1 QTY)	86.80	36.00
<b>MEDICATION/DEVICES</b>	GLICLAZIDE MR 60MG TAB (DIAMICRON) - (NS)-MSV (10 QTY)	4.30	4.30
	METFORMIN HCL 850MG TAB - (S1)-MSV (50 QTY)	6.00	4.20
	LOSARTAN 50MG TAB - (S2)-MSV (20 QTY)	8.00	6.00
	ATORVASTATIN 10MG TAB - (S2)-MSV (20 QTY)	8.00	6.00
	EMPAGLIFLOZIN 25MG TAB (JARDIANCE) - (NS)-MSV (20 QTY)	25.80	25.80
	<b>TOTAL AMOUNT (BEFORE GOVT SUBSIDY)</b>	<b>188.90</b>	
	<b>GOVT SUBSIDY</b>	<b>-79.00</b>	
	<b>TOTAL AMOUNT (BEFORE GST)</b>		<b>109.90</b>
	<b>7% GST</b>		<b>7.69</b>
	<b>GST absorbed by Govt (for subsidised patient only)</b>		<b>-7.69</b>
	<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>		<b>109.90</b>

PRINTED ON: 30 APR 2022 09:12 AM

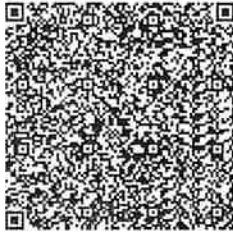




**TAX INVOICE (Interim)**

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88 SINGAPORE 510226



Accepts: PayNow

**\$ 4,450.15**  
FINAL AMOUNT PAYABLE

BILL REF. NO.  
**6922015482B**

BILL DATE  
**28 APR 2022**

LOCATION  
**W36R06 B19**

HRN  
**692022015482B**

NRIC / FIN / MRN  
**S7863154F**

ADMISSION DATE  
**24 APR 2022 06:00 PM**

DISCHARGE DATE  
-

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	14,334.64
GOVT SUBSIDY	\$	-4,092.86
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>10,241.78</b>
7% GST	\$	716.93
GST absorbed by Govt	\$	-716.93
Transferred In Charges	\$	132.00
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>10,373.78</b>
Payable by MEDISAVE	\$	-5,923.63
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>4,450.15</b>
Net Payment made	\$	0.00
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>4,450.15</b>

**CHARGES**

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
WARD CHARGES	WARD (CLASS C) (5.0 day(s))	1,144.85	751.99
DAILY TREATMENT FEE	DAILY TREATMENT FEE (CLASS PC) (5.0 day(s))	813.10	533.55
INVESTIGATIONS	LABORATORY INVESTIGATIONS	471.00	318.86
	X-RAY INVESTIGATIONS	1,470.50	993.06
	SPECIALISED INVESTIGATIONS	29.00	19.84
CONSUMABLES	CONSUMABLES - OT	1,438.00	1,226.44
	CONSUMABLES	68.51	68.51
THERAPY SERVICES	REHABILITATIVE SERVICES	104.00	73.27
SURGERY SERVICES	IMPLANTS	2,165.00	1,845.92
MEDICATIONS	DRUGS / PRESCRIPTIONS / INJECTIONS	244.26	203.89
TREATMENT SERVICES	WARD PROCEDURES	633.40	438.24
DOCTORS' FEES	PROFESSIONAL FEES - DOCTOR	214.02	144.58
SURGICAL OPERATION	SB701T-5CM	5,539.00	3,623.63
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	14,334.64	
	GOVT SUBSIDY	-4,092.86	
	TOTAL AMOUNT (BEFORE GST)		10,241.78

Charges to be continued on page 2



**TAX INVOICE (Interim)**

BILL REF. NO.  
**6922015482B**

BILL DATE  
**28 APR 2022**

PATIENT NAME  
**MEENATCHI SUNDARAM GUNASEELAN**

HRN  
**692022015482B**

NRIC / FIN / MRN  
**S7863154F**

7% GST	716.93
GST absorbed by Govt (for subsidised patient only)	-716.93
A&E ATTENDANCE FEE (Transferred from Case No.: 6922340619I)	132.00
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>10,373.78</b>

**PAYMENT SUMMARY**

<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>		<b>10,373.78</b>
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
OTHER SCHEMES		
• CGH LAB COVID19	-	0.00
MEDISHIELD LIFE		
• MEENATCHI SUNDARAM GUNASEELAN	S7863154F	0.00
MEDISAVE		
• ESTIMATED MEDISAVE CLAIMABLE AMOUNT	-	5,923.63
• MEENATCHI SUNDARAM GUNASEELAN	S7863154F	0.00
MEENATCHI SUNDARAM GUNASEELAN	S7863154F	4,450.15

<b>MEENATCHI SUNDARAM GUNASEELAN</b>	<b>TOTAL AMOUNT PAYABLE</b>	<b>4,450.15</b>
--------------------------------------	-----------------------------	-----------------

Payment Summary to be continued on page 3





BILL REF. NO.  
**6922015482B**  
  
HRN  
**692022015482B**

BILL DATE  
**28 APR 2022**  
  
NRIC / FIN / MRN  
**S7863154F**

PATIENT NAME  
**MEENATCHI SUNDARAM GUNASEELAN**

ref:LABCOV/CLABNCOV19

ref:MSH/MSHL

ST: B SN: S7863154F

NOTE : THIS INTERIM BILL IS FOR YOUR  
INFORMATION - IT IS NOT A FINAL BILL. IT MAY  
NOT INCLUDE ALL CHARGES AS AT THE TIME OF  
PRINTING.

Net Payment made 0.00

**FINAL AMOUNT PAYABLE**

**\$ 4,450.15**

## PAYMENT OPTIONS & ADVISORY



### Self-Service Kiosk

- AXS Station



### Counter Services

- Patient Service Centre during office hours
- A&E registration counter after office hours



### E-Payment

- SingHealth HealthBuddy App
- HealthHub App
- AXS m-station App
- DBS Paylah! App
- DBS/POSB Internet Banking
- Payment through PayNow by scanning the SGQR code on this bill with your banking app



### 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.
- Please ignore the tax invoice if you have made payment.

### View your MediSave & MediShield Life claim details online with your SingPass at [cpf.gov.sg](https://cpf.gov.sg).

- Employers and Insurers should reimburse to your cash outlay first, followed by MediSave, then MediShield Life/Integrated Shield Plan. For Integrated Shield Plan, please reimburse directly to the private insurer. To submit reimbursement, go to [cpf.gov.sg](https://cpf.gov.sg) > Employers > Services MediSave / MediShield Life Reimbursement.





Polyclinics  
SingHealth

**TAX INVOICE (Finalised)**

Page 1 of 2

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

BILL REF. NO.  
PR17025140E0019

BILL DATE  
30 APR 2022

NRIC / FIN / MRN  
S7863154F

LOCATION  
PCLPR (MED)

VISIT DATE ► 30 APR 2022 07:28 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	51.40
GOVT SUBSIDY	\$	-27.00
TOTAL AMOUNT (BEFORE GST)	\$	24.40
7% GST	\$	1.71
GST absorbed by Govt	\$	-1.71
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	24.40
TOTAL AMOUNT PAYABLE	\$	24.40
Net Payment made	\$	-24.40
FINAL AMOUNT PAYABLE	\$	0.00

**\$ 0.00**

FINAL AMOUNT PAYABLE

**CHARGES**

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
OTHER PROCEDURES	NURSE PROCEDURE 2 - D (C) (1 QTY)	51.40	24.40
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	51.40	
	GOVT SUBSIDY	-27.00	
	TOTAL AMOUNT (BEFORE GST)		24.40
	7% GST		1.71
	GST absorbed by Govt (for subsidised patient only)		-1.71
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		24.40

**NETS**

HETSU020.G12  
PASIR RIS POLYCLINIC  
PHARMACY NO1  
THANK YOU  
111875188000 87518804  
000581 REF:1  
NETS PURCHASE SAV  
OBS BANK

30 APR 2022 09:11:10  
000581 694019 00

TOTAL: \$24.40

~~APPROVED~~  
**NETS**

TOTAL AMOUNT (AFTER GOVT SUBSIDY) 24.40

REFERENCE NO. AMOUNT PAYABLE (\$)

GUNASEELAN 24.40

GUNASEELAN TOTAL AMOUNT PAYABLE 24.40

TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
ASEELAN 30 APR 2022	NETS	-24.40

Payment Summary to be continued on page 2

PRINTED ON: 30 APR 2022 09:11 AM





Polyclinics  
SingHealth

**TAX INVOICE (Finalised)**

Page 2 of 2

BILL REF. NO.  
**PR17025140E0019**

BILL DATE  
**30 APR 2022**

PATIENT NAME  
**MEENATCHI SUNDARAM GUNASEELAN**

NRIC / FIN / MRN  
**S7863154F**

Bill Number: PR17025140E-0019-01  
Bill Location: PCLPR  
Payment Class: PERMANENT RESIDENT  
ST: B S7863154F  
\*\*\* You are served by SEET XIU HUI \*\*\*

Net Payment made -24.40

**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.
- For hygiene and safety reasons, all medications/items sold are non-refundable and non-exchangeable.
- Please Pay by cash, NETS, or cheque upon receipt of Invoice. Cheque should be made payable to SingHealth Polyclinics. Please indicate invoice and contact no. Post-dated cheque is not accepted. Receipt will not be issued.

PRINTED ON: 30 APR 2022 09:11 AM



Changi  
General Hospital  
SingHealth

# TAX INVOICE (Finalised)

Page 1 of 2

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

BILL REF. NO.  
702207072610003

BILL DATE  
19 MAY 2022

LOCATION  
CXNRH (OTO)

NRIC / FIN / MRN  
S7863154F

VISIT DATE ► 19 MAY 2022 10:23 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	76.00
GOVT SUBSIDY	\$	-19.00
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>57.00</b>
7% GST	\$	3.99
GST absorbed by Govt	\$	-3.99
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>57.00</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>57.00</b>
Net Payment made	\$	-57.00
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>0.00</b>

**\$ 0.00**

**FINAL AMOUNT PAYABLE**



CHANGI GENERAL HOSPITAL  
2 SIMEI ST 3  
#08-88 REHAB SVCS  
SINGAPORE 529889

DATE/TIME: 19/05/22 10:59:51  
MID: 000001050640366  
TID: 51512871 INV: 003190  
BATCH: 000248 TRACE: 003461  
ECR NO: 0000000000000445732  
S/W: 2318.00.01.1  
APPR CODE: 006849

CONTACTLESS SALE

VISA OFFUS

\*\*\*\* \* 6554

EMI: PAYWAVE  
RIF NUM 000011003461

BASE \$ 57.00

TOTAL \$ 57.00

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

\*\*\* CUSTOMER COPY \*\*\*  
THANK YOU HAVE A NICE DAY

ENJOY GREAT DEALS  
WITH UOB CARDS!  
SCAN AND APPLY NOW!  
TERMS APPLY.



DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
REHABILITATIVE SERVICES		
PHYSIOTHERAPY ASSESSMENT (2 QTY)	76.00	57.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	76.00	
GOVT SUBSIDY	-19.00	
TOTAL AMOUNT (BEFORE GST)		57.00
7% GST		3.99
GST absorbed by Govt (for subsidised patient only)		-3.99
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>		<b>57.00</b>

**TOTAL AMOUNT (AFTER GOVT SUBSIDY) 57.00**

REFERENCE NO.	AMOUNT PAYABLE (\$)
M GUNASEELAN	57.00

Payment Summary to be continued on page 2

PRINTED ON: 19 MAY 2022 10:59 AM

For bill enquiries, please contact us at

Email: payment@1fss.com.sg

Tel: +65 6407 8108

rw.cgh.com.sg

Tel: +65 6788 8833

Company Registration No. 198904226R | GST Reg No. M90368910N





**TAX INVOICE (Finalised)**

BILL REF. NO.  
702207072610003

BILL DATE  
19 MAY 2022  
NRIC / FIN / MRN  
S7863154F

PATIENT NAME  
MEENATCHI SUNDARAM GUNASEELAN

MEENATCHI SUNDARAM GUNASEELAN

**TOTAL AMOUNT PAYABLE 57.00**

PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MEENATCHI SUNDARAM GUNASEELAN	19 MAY 2022	VISA/MASTER	-57.00

Bill Number: 70220707261-0003-01

Bill Location: CXNRH

Payment Class: SUB PR - OP

ST: B S7863154F

\*\*\* You are served by NURAMALIA BINTE AZLAN

\*\*\*

Net Payment made -57.00

**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.
- Please ignore the tax invoice if you have made payment.



Changi  
General Hospital  
SingHealth

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

# TAX INVOICE (Finalised)

Page 1 of 2

BILL REF. NO.  
702207072610001

BILL DATE  
01 JUN 2022

LOCATION  
CXSOTO (OTO)

NRIC / FIN / MRN  
S7863154F

VISIT DATE ► 01 JUN 2022 10:13 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	158.50
GOVT SUBSIDY	\$	-48.50
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>110.00</b>
7% GST	\$	7.70
GST absorbed by Govt	\$	-7.70
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>110.00</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>110.00</b>
Net Payment made	\$	-110.00
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>0.00</b>

**\$ 0.00**  
FINAL AMOUNT PAYABLE

## CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
	<b>CONSULTATION</b>		
	CONSULTATION - REPEAT VISIT (1 QTY)	87.50	56.00
	<b>X-RAY INVESTIGATIONS</b>		
	WRIST JOINT (1 QTY)	35.50	27.00
	KNEE JOINT (1 QTY)	35.50	27.00
	<b>TOTAL AMOUNT (BEFORE GOVT SUBSIDY)</b>	<b>158.50</b>	
	GOVT SUBSIDY	-48.50	
	<b>TOTAL AMOUNT (BEFORE GST)</b>		<b>110.00</b>
	7% GST		7.70
	GST absorbed by Govt (for subsidised patient only)		-7.70
	<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>		<b>110.00</b>

**UOB**



CGH-CLINIC 4E MC  
2 SIMEL STREET 3, SINGAPORE 526906  
LEVEL 4 MC-ORTHOPAEDIC SURGERY CLINIC  
HNT INTEGRATED SPINE CTR

DATE/TIME: 01/06/22 11:46:39  
MID: 000001050637629  
TID: 51525029 INV: 005833  
BATCH: 000277 TRACE: 006338  
ECR NO: 0000000000000458312  
S/W: 318.00.01.1  
APPR CODE: 002920

CONTACTLESS SALE

VISA OFFUS  
\*\*\*\* \* 6554  
ENT: PAYWAVE  
REF: NUM: 00001000338

BASE : S\$ 110.00  
TOTAL : S\$ 110.00

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

\*\*\* CUSTOMER COPY \*\*\*  
THANK YOU, HAVE A NICE DAY

ENJOY GREAT DEALS  
WITH UOB CARDS!  
SCAN AND APPLY NOW!  
TERMS APPLY.



RY

**TOTAL AMOUNT (AFTER GOVT SUBSIDY) 110.00**

REFERENCE NO.	AMOUNT PAYABLE (\$)
RAM GUNASEELAN	110.00

Payment Summary to be continued on page 2

www.cgh.com.sg  
Tel: +65 6788 8833  
26R | GST Reg No. M90368910N

PRINTED ON: 01 JUN 2022 11:46 AM  
For bill enquiries, please contact us at  
Email: payment@1fss.com.sg  
Tel: +65 6407 8108



**TAX INVOICE (Finalised)**

BILL REF. NO.  
7022070726I0001

BILL DATE  
01 JUN 2022

NRIC / FIN / MRN  
S7863154F

PATIENT NAME  
MEENATCHI SUNDARAM GUNASEELAN

MEENATCHI SUNDARAM GUNASEELAN		TOTAL AMOUNT PAYABLE	110.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MEENATCHI SUNDARAM GUNASEELAN	01 JUN 2022	VISA/MASTER	-110.00
		Net Payment made	-110.00

Bill Number: 7022070726I-0001-01

Bill Location: CXSOTO

Payment Class: SUB PR - OP

ST: B S7863154F

\*\*\* You are served by NUR IZWANI BTE BUSRAH

\*\*\*

**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.
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Changi  
General Hospital  
SingHealth

# TAX INVOICE (Finalised)

Page 1 of 2

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

BILL REF. NO.  
702207072610004

BILL DATE  
03 JUN 2022

LOCATION  
CXNRH (OTO)

NRIC / FIN / MRN  
S7863154F

VISIT DATE ► 03 JUN 2022 01:46 PM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	66.00
GOVT SUBSIDY	\$	-16.50
TOTAL AMOUNT (BEFORE GST)	\$	49.50
7% GST	\$	3.46
GST absorbed by Govt	\$	-3.46
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	49.50
TOTAL AMOUNT PAYABLE	\$	49.50
Net Payment made	\$	-49.50
FINAL AMOUNT PAYABLE	\$	0.00

**\$ 0.00**

FINAL AMOUNT PAYABLE

## CHARGES

DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
REHABILITATIVE SERVICES		
THERAPEUTIC EXERCISE (1 QTY)	66.00	49.50
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	66.00	
GOVT SUBSIDY	-16.50	
TOTAL AMOUNT (BEFORE GST)		49.50
7% GST		3.46
GST absorbed by Govt (for subsidised patient only)		-3.46
TOTAL AMOUNT (AFTER GOVT SUBSIDY)		49.50

**UOB**



CHANGI GENERAL HOSPITAL  
2 SIMET ST 3  
MB REHAB SVCS  
SINGAPORE 529889

DATE/TIME: 03/06/22 14:16:43  
MID: 000001050640366  
TID: 51512871 INV: 003401  
BATCH: 000261 TRACE: 003682  
ECR NO: 0000000000000461773  
S/W: 2318.00.01.1  
APPR CODE: 007444

CONTACTLESS SALE

VISA OFFUS  
\*\*\*\* \* 6554  
ENT: PAYWAVE  
REF NUM: 000011003682

BASE : S\$ 49.50

TOTAL : S\$ 49.50

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT.

\*\*\* CUSTOMER COPY \*\*\*  
THANK YOU, HAVE A NICE DAY

ENJOY GREAT DEALS  
WITH UOB CARDS!  
SCAN AND APPLY NOW!  
TERMS APPLY.



www.cgh.com.sg  
Tel: +65 6788 8833  
26R | GST Reg No. M90368910N

TOTAL AMOUNT (AFTER GOVT SUBSIDY) 49.50

REFERENCE NO. AMOUNT PAYABLE (\$)

M GUNASEELAN 49.50

Payment Summary to be continued on page 2

PRINTED ON: 03 JUN 2022 02:16 PM

For bill enquiries, please contact us at  
Email: payment@1fss.com.sg  
Tel: +65 6407 8108



**TAX INVOICE (Finalised)**

BILL REF. NO.  
7022070726I0004

BILL DATE  
03 JUN 2022

PATIENT NAME  
MEENATCHI SUNDARAM GUNASEELAN

NRIC / FIN / MRN  
S7863154F

MEENATCHI SUNDARAM GUNASEELAN

**TOTAL AMOUNT PAYABLE 49.50**

PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MEENATCHI SUNDARAM GUNASEELAN	03 JUN 2022	VISA/MASTER	-49.50

Bill Number: 7022070726I-0004-01

Bill Location: CXNRH

Payment Class: SUB PR - OP

ST: B S7863154F

\*\*\* You are served by RAHAYU BINTI IDROS \*\*\*

Net Payment made -49.50

**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.
- Please ignore the tax invoice if you have made payment.



Changi  
General Hospital  
SingHealth

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

# TAX INVOICE (Finalised)

Page 1 of 2

BILL REF. NO.  
702207072610006

BILL DATE  
06 JUL 2022

LOCATION  
CXNRH (OTO)

NRIC / FIN / MRN  
S7863154F

VISIT DATE ► 06 JUL 2022 08:39 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	66.00
GOVT SUBSIDY	\$	-16.50
TOTAL AMOUNT (BEFORE GST)	\$	49.50
7% GST	\$	3.46
GST absorbed by Govt	\$	-3.46
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	49.50
TOTAL AMOUNT PAYABLE	\$	49.50
Net Payment made	\$	-49.50
FINAL AMOUNT PAYABLE	\$	0.00

**\$ 0.00**

FINAL AMOUNT PAYABLE

## CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
CONSULTATION AND SERVICES	REHABILITATIVE SERVICES		
	THERAPEUTIC EXERCISE (1 QTY)	66.00	49.50
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	66.00	
	GOVT SUBSIDY	-16.50	
	TOTAL AMOUNT (BEFORE GST)		49.50
	7% GST		3.46
	GST absorbed by Govt (for subsidised patient only)		-3.46
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		49.50

**UOB**



CHANGI GENERAL HOSPITAL  
2 SIMEI ST 3  
MB REHAB SVCS  
SINGAPORE 524889

DATE/TIME: 06/07/22 09:03:12  
MID: 000001050640366  
TID: 51512870 INV: 003718  
BATCH: 000371 TRACE: 004023  
ECR NO: 0000000000000492846  
S/W: 2318.00 01.1  
APPR CODE: 007936  
CONTACTLESS SALE  
VISA OFFUS  
\*\*\*\*\* 6554  
ENT: PAYWAVE  
REF NUM: 000011004023

BASE : S\$ 49.50  
TOTAL : S\$ 49.50

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT.

\*\*\* CUSTOMER COPY \*\*\*  
THANK YOU HAVE A NICE DAY

ENJOY GREAT DEALS  
WITH UOB CARDS!  
SCAN AND APPLY NOW!  
TERMS APPLY.



jh.com.sg  
+65 6788 8833  
GST Reg No. M90368910N

Payment Summary to be continued on page 2

PRINTED ON: 06 JUL 2022 09:03 AM

For bill enquiries, please contact us at  
Email: payment@1fss.com.sg  
Tel: +65 6407 8108





**TAX INVOICE (Finalised)**

BILL REF. NO.  
702207072610006

BILL DATE  
06 JUL 2022  
NRIC / FIN / MRN  
S7863154F

PATIENT NAME  
MEENATCHI SUNDARAM GUNASEELAN

MEENATCHI SUNDARAM GUNASEELAN		TOTAL AMOUNT PAYABLE	49.50
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MEENATCHI SUNDARAM GUNASEELAN	06 JUL 2022	VISA/MASTER	-49.50
		Net Payment made	-49.50

Bill Number: 70220707261-0006-01

Bill Location: CXNRH

Payment Class: SUB PR - OP

ST: B S7863154F

\*\*\* You are served by SAMANTHA WANG MEIZI \*\*\*

**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.
- Please ignore the tax invoice if you have made payment.



Changi  
General Hospital  
SingHealth

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

# TAX INVOICE (Finalised)

Page 1 of 2

BILL REF. NO.  
702207072610005

BILL DATE  
06 JUL 2022

LOCATION  
CXSOTO (OTO)

NRIC / FIN / MRN  
S7863154F

VISIT DATE ► 06 JUL 2022 08:39 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	123.00
GOVT SUBSIDY	\$	-40.00
TOTAL AMOUNT (BEFORE GST)	\$	83.00
7% GST	\$	5.81
GST absorbed by Govt	\$	-5.81
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	83.00
TOTAL AMOUNT PAYABLE	\$	83.00
Net Payment made	\$	-83.00
FINAL AMOUNT PAYABLE	\$	0.00

**\$ 0.00**

FINAL AMOUNT PAYABLE

## CHARGES

DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
<b>CONSULTATION</b>		
CONSULTATION - REPEAT VISIT (1 QTY)	87.50	56.00
<b>X-RAY INVESTIGATIONS</b>		
KNEE JOINT (1 QTY)	35.50	27.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	123.00	
GOVT SUBSIDY	-40.00	
TOTAL AMOUNT (BEFORE GST)		83.00
7% GST		5.81
GST absorbed by Govt (for subsidised patient only)		-5.81
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>		<b>83.00</b>

## ARY

**TOTAL AMOUNT (AFTER GOVT SUBSIDY) 83.00**

OR	REFERENCE NO.	AMOUNT PAYABLE (\$)
ARAM GUNASEELAN		83.00

Payment Summary to be continued on page 2

**UOB**



CGH-CLINIC 4E MC  
2 SIMEL STREET 3, SINGAPORE 529906  
LEVEL 4 MC-ORTHOPAEDIC SURGERY CLINIC  
NNT INTEGRATED SPINE CTR

DATE/TIME: 06/07/22 10:31:27  
MID: 000001050637629  
TID: 51525029 INV: 006465  
BATCH: 000305 TRACE: 007015  
ECR NO: 0000000000000493050  
S/W: 1318.00.01.1  
APPR CODE: 005447

CONTACTLESS SALE

VISA OFFUS  
\*\*\* FARE \*\*\* 6554

ENT: PAYWAVE  
REF NUM: 000011007015

BASE : S\$ 83.00

TOTAL : S\$ 83.00

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

\*\*\* CUSTOMER COPY \*\*\*  
THANK YOU. HAVE A NICE DAY

ENJOY GREAT DEALS  
WITH UOB CARDS!  
SCAN AND APPLY NOW!  
TERMS APPLY.



Ltd | www.cgh.com.sg  
29889 | Tel: +65 6788 8833  
98904226R | GST Reg No. M90368910N

PRINTED ON: 06 JUL 2022 10:31 AM

For bill enquiries, please contact us at  
Email: payment@1fss.com.sg  
Tel: +65 6407 8108



Changi  
General Hospital  
SingHealth

**TAX INVOICE (Finalised)**

Page 2 of 2

BILL REF. NO.  
702207072610005

BILL DATE  
06 JUL 2022  
NRIC / FIN / MRN  
S7863154F

PATIENT NAME  
MEENATCHI SUNDARAM GUNASEELAN

MEENATCHI SUNDARAM GUNASEELAN		TOTAL AMOUNT PAYABLE	83.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MEENATCHI SUNDARAM GUNASEELAN	06 JUL 2022	VISA/MASTER	-83.00
		Net Payment made	-83.00

Bill Number: 70220707261-0005-01

Bill Location: CXSOTO

Payment Class: SUB PR - OP

ST: B S7863154F

\*\*\* You are served by NUR HIDAWATI BTE RAHMAN

\*\*\*

**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.
- Please ignore the tax invoice if you have made payment.





## STATEMENT OF ACCOUNTS

Co. Reg. No. 198904226R  
GST Reg. No. M90368910N

Payment Enquiries (Office hours)  
Telephone : 64078108  
Email : [payment@1fss.com.sg](mailto:payment@1fss.com.sg)

MEENATCHI SUNDARAM  
226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

As at : 01/08/2022  
Customer No. : S7863154F (3026377992)

Page 1 of 1

Class	Case / Inv No.	Admit / Visit Date	Discharge Date	Total Invoice Amt (\$)	Medisave / Other Payers (\$)	Payment by Patient (\$)	Amt Due from Patient (\$)
PC	6922015482B	24/04/2022	28/04/2022	12,618.49	11,680.77	0.00	937.72
<p>For financial assistance, please call telephone 68503333 for an appointment with our Medical Social Worker. Please contact Payment Enquiries if you require instalment payment arrangements. The hospital's appointed agent may contact you for further discussion.</p> <p style="text-align: right;"><b>PLEASE PAY</b></p>							<b>937.72</b>
<b>Number of days the amount outstanding</b>							
<u>Curr</u>	<u>Up to 30 days</u>	<u>31 to 60 days</u>	<u>61 to 90 days</u>	<u>91 to 120 days</u>	<u>over 120 days</u>	<u>Total</u>	
SGD	0.00	0.00	0.00	937.72	0.00	937.72	

Please settle your account immediately. If you do not agree with the outstanding amount, please advise us promptly.  
Please disregard this statement if payment has been made after this statement date.

F/BO/03-009.R10

Payment may be made at SingHealth Mobile Pay, DBS iBanking, AXS station, or by cheque. Payment may also be made at the Patient Service Centre during office hours or at the A&E Registration Counter after office hours.

<p><b>Please attach this statement to your cheque payment</b> Cheque should be crossed and made payable to: <b>CHANGI GENERAL HOSPITAL PTE LTD</b> and mail to Robinson Road Post Office PO Box 2093 Singapore 904093 Amount Enclosed : S\$ Cheque No/Bank :</p>	<p>Statement Date : 01/08/2022 <b>Balance Due : \$937.72</b> Customer No. : S7863154F (3026377992) Name : MEENATCHI SUNDARAM</p>
--	--



Changi  
General Hospital  
SingHealth

# TAX INVOICE (Finalised)

Page 1 of 2

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

BILL REF. NO.  
702207072610007

BILL DATE  
03 AUG 2022

LOCATION  
CXNRH (OTO)

NRIC / FIN / MRN  
S7863154F

VISIT DATE ► 03 AUG 2022 02:29 PM

# UOB



CHANGI GENERAL HOSPITAL  
2 SIMEI ST 3  
MB REHAB SVCS  
SINGAPORE 529889

BLE

DATE / TIME: 03/08/22 14:56:10  
MID: 000001050640366  
TID: 51512871 INV: 003938  
BATCH: 000310 TRACE: 004259  
ECR NO: 0000000000000520829  
S/W: 2318.00 01.1  
APPR CODE: 006959

CONTACTLESS SALE

VISA OFFUS  
\*\*\*\* \* 6554  
ENT. PAYWAVE  
REF. NUM. 000011004259

BASE S\$ 28.50  
TOTAL S\$ 50

I AGREE TO PAY THE ABOVE TOTAL  
ACCORDING TO THE CARD ISSUED

THANK YOU. HAVE A NICE DAY

ENJOY GREAT DEALS  
WITH UOB CARDS!  
SCAN AND APPLY NOW!  
TERMS APPLY.



TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	38.00
GOVT SUBSIDY	\$	-9.50
TOTAL AMOUNT (BEFORE GST)	\$	28.50
7% GST	\$	2.00
GST absorbed by Govt	\$	-2.00
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	28.50
TOTAL AMOUNT PAYABLE	\$	28.50
Net Payment made	\$	-28.50
FINAL AMOUNT PAYABLE	\$	0.00

DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
REHABILITATIVE SERVICES		
PHYSIOTHERAPY REVIEW (1 QTY)	38.00	28.50
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	38.00	
GOVT SUBSIDY	-9.50	
TOTAL AMOUNT (BEFORE GST)		28.50
7% GST		2.00
GST absorbed by Govt (for subsidised patient only)		-2.00
TOTAL AMOUNT (AFTER GOVT SUBSIDY)		28.50

MARY

AYOR

DARAM GUNASEELAN

TOTAL AMOUNT (AFTER GOVT SUBSIDY) 28.50

REFERENCE NO. AMOUNT PAYABLE (\$)

28.50

Payment Summary to be continued on page 2

PRINTED ON: 03 AUG 2022 02:56 PM



**TAX INVOICE (Finalised)**

BILL REF. NO.  
702207072610007

BILL DATE  
03 AUG 2022  
NRIC / FIN / MRN  
S7863154F

PATIENT NAME  
MEENATCHI SUNDARAM GUNASEELAN

MEENATCHI SUNDARAM GUNASEELAN

**TOTAL AMOUNT PAYABLE 28.50**

PAYOR(S)

TRANSACTION/RECEIPT  
DATE

PAYMENT MODE

AMOUNT (\$)

MEENATCHI SUNDARAM GUNASEELAN

03 AUG 2022

VISA/MASTER

-28.50

Net Payment made -28.50

Bill Number: 70220707261-0007-01

Bill Location: CXNRH

Payment Class: SUB PR - OP

ST: B S7863154F

\*\*\* You are served by NURAMALIA BINTE AZLAN

\*\*\*

**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.
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Changi  
General Hospital  
SingHealth

# TAX INVOICE (Finalised)

Page 1 of 2

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

BILL REF. NO.  
702207072610008

BILL DATE  
31 AUG 2022

LOCATION  
CXNRH (OTO)

NRIC / FIN / MRN  
S7863154F

VISIT DATE ► 31 AUG 2022 02:53 PM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	38.00
GOVT SUBSIDY	\$	-9.50
TOTAL AMOUNT (BEFORE GST)	\$	28.50
7% GST	\$	2.00
GST absorbed by Govt	\$	-2.00
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	28.50
TOTAL AMOUNT PAYABLE	\$	28.50
Net Payment made	\$	-28.50
FINAL AMOUNT PAYABLE	\$	0.00

UOB



CHANGI GENERAL HOSPITAL  
2 SIMEI ST 3  
MB REHAB SVCS  
SINGAPORE 529889

DATE/TIME: 31/08/22 15:34:21  
MID: 000061050640366  
TID: 51512872 INV: 003566  
BATCH: 000338 TRACE: 003820  
ECR NO: 000000000000548246  
S/W: 2318.00.01.1  
APPR CODE: 003252

CONTACTLESS SALE

VISA OFFUS  
6554

ENT: PAYWAVE  
REF NUM: 000011003820

BASE : S\$ 28.50

TOTAL : S\$ 28.50

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

\*\*\*\* CUSTOMER COPY \*\*\*\*  
THANK YOU. HAVE A NICE DAY

ENJOY GREAT DEALS  
WITH UOB CARDS!  
SCAN AND APPLY NOW!  
TERMS APPLY.



E

DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
REHABILITATIVE SERVICES		
PHYSIOTHERAPY REVIEW (1 QTY)	38.00	28.50
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	38.00	
GOVT SUBSIDY	-9.50	
TOTAL AMOUNT (BEFORE GST)		28.50
7% GST		2.00
GST absorbed by Govt (for subsidised patient only)		-2.00
TOTAL AMOUNT (AFTER GOVT SUBSIDY)		28.50

ARY

TOTAL AMOUNT (AFTER GOVT SUBSIDY)	28.50
REFERENCE NO.	AMOUNT PAYABLE (\$)
ARAM GUNASEELAN	28.50

Payment Summary to be continued on page 2

PRINTED ON: 31 AUG 2022 03:34 PM



**TAX INVOICE (Finalised)**

BILL REF. NO.  
702207072610008

BILL DATE  
31 AUG 2022

PATIENT NAME  
MEENATCHI SUNDARAM GUNASEELAN

NRIC / FIN / MRN  
S7863154F

MEENATCHI SUNDARAM GUNASEELAN		TOTAL AMOUNT PAYABLE	28.50
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MEENATCHI SUNDARAM GUNASEELAN	31 AUG 2022	VISA/MASTER	-28.50
		Net Payment made	-28.50

Bill Number: 70220707261-0008-01

Bill Location: CXNRH

Payment Class: SUB PR - OP

ST: B S7863154F

\*\*\* You are served by SHARANA ABDUL RAHMAN

\*\*\*

**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.
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- Please ignore the tax invoice if you have made payment.



Changi  
General Hospital  
SingHealth

MEENATCHI SUNDARAM  
GUNASEELAN

226 PASIR RIS STREET 21  
#08-88  
SINGAPORE 510226

**TAX INVOICE (Finalised)**

BILL REF. NO.  
702207072610009

BILL DATE  
28 SEP 2022

LOCATION  
CXSOTO (C)

NRIC / FIN / MBN  
S7863154F

VISIT DATE

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)  
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)  
7% GST  
GST absorbed by Govt  
TOTAL AMOUNT (AFTER GOVT SUBSIDY)  
TOTAL AMOUNT PAYABLE  
Net Payment made  
FINAL AMOUNT PAYABLE

**\$ 0.00**  
FINAL AMOUNT PAYABLE

**CHARGES**

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY
CONSULTATION AND SERVICES	CONSULTATION	
	CONSULTATION - REPEAT VISIT (1 QTY)	
	X-RAY INVESTIGATIONS	
	TIBIA AND FIBULA (LEG) (1 QTY)	
	KNEE (3 VIEWS) (1 QTY)	
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	
	GOVT SUBSIDY	
	TOTAL AMOUNT (BEFORE GST)	
	7% GST	
	GST absorbed by Govt (for subsidised patient only)	-9.10
	<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>130.00</b>

**PAYMENT SUMMARY**

<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>		<b>130.00</b>
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MEENATCHI SUNDARAM GUNASEELAN		130.00

Payment Summary to be continued on page 2

**UOB**



CGH-CLINIC 4E MC  
2 SIMEI STREET 3, SINGAPORE 529906  
LEVEL 4 MC-ORTHOPAEDIC SURGERY CLINIC  
MNI INTEGRATED SPINE CTR

DATE/TIME: 28/09/22 12:03:04  
MID: 000001050637629  
TID: 51525029 INV: 008040  
BATCH: 000370 TRACE: 008713  
ECR NO: 0000000000000574783  
S/W : 1318.00.01 1  
APPR CODE: 009314

CONTACTLESS SALE

VISA OFFUS  
\*\*\*\* \*1\*\* \* 6554  
ENT: PAYWAVE  
REF NUM: 000011008713

BASE : S\$ 130.00

TOTAL : S\$ 130.00

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT.

\*\*\* CUSTOMER COPY \*\*\*  
THANK YOU, HAVE A NICE DAY

ENJOY GREAT DEALS  
WITH UOB CARDS!  
SCAN AND APPLY NOW!  
TERMS APPLY.







**TAX INVOICE (Finalised)**

Page 2 of 2

BILL REF. NO.  
**702207072610009**

BILL DATE  
**28 SEP 2022**

NRIC / FIN / MRN  
**S7863154F**

PATIENT NAME  
**MEENATCHI SUNDARAM GUNASEELAN**

MEENATCHI SUNDARAM GUNASEELAN		TOTAL AMOUNT PAYABLE	130.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MEENATCHI SUNDARAM GUNASEELAN	28 SEP 2022	VISA/MASTER	-130.00
		Net Payment made	-130.00

Bill Number: 70220707261-0009-01

Bill Location: CXSOTO

Payment Class: SUB PR - OP

ST: B S7863154F

\*\*\* You are served by ROSZANA BINTE ABDUL  
MANAF \*\*\*

**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.
- Please ignore the tax invoice if you have made payment.

PRINTED ON: 28 SEP 2022 12:03 PM



Changi  
General Hospital  
SingHealth

## MEDICAL CERTIFICATE

REG NO.: 198904226R

OTO202272945

NAME

MEENATCHI SUNDARAM GUNASEELAN

NRIC / FIN / PASSPORT

S7863154F

This is to certify that the above-named is unfit for duty for a period of 35 days from 24-Apr-2022 to 28-May-2022.

### TYPE OF MEDICAL CERTIFICATE:

- ☒ Hospitalisation Leave
- ☐ Outpatient Sick Leave
- ☐ Maternity Leave
- ☐ Sterilisation Leave
- ☐ Time Chit

Admitted on: 24-Apr-2022 Discharged on: 28-Apr-2022

Delivered on: \_\_\_\_\_

Operated on: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

This certificate is not valid for absence from court attendance.

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

### COMMENTS:

HOSPITAL/CLINIC

Orthopaedic Surgery

WARD

CGH-W36

NAME/DESIGNATION/MCR NO

KIM KOH ZHI CHEN

Changi General Hospital

DATE

28-Apr-2022

P2839B

This medical certificate is electronically generated. No signature is required.

This medical certificate was retrieved from <https://www.mc.gov.sg/mc/ovb8uypmlvk9zycklokvqo03u6> 







ORIGINAL

MEDICAL CERTIFICATE

OTO202293697

Name MEENATCHI SUNDARAM GUNASEELAN		NRIC No. S7863154F
This is to certify that the above-named is unfit for duty for a period of <u>45</u> days from <u>29-May-2022</u> to <u>12-Jul-2022</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Orthopaedic Surgery Changi General Hospital	Ward No. CGH Ortho Clin & NNI Spine Date 01-Jun-2022	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  MOO ING HOW , 18520E

