

Your ref :

Our ref : ALC(L)2022.469.LCS.nr

10 March 2023

AXA Insurance Singapore Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811
Attn: **Manager/Motor Claims Department**

**WITHOUT PREJUDICE
BY EMAIL**

Dear Sirs,

**ACCIDENT ON 02.06.22 ALONG BEDOK NORTH AVENUE 1 INVOLVING RIDER
(FBN 8385P) AND SHC 8583X**

We act for **LIM CHIA SENG**, the rider of motor cycle **FBN 8385P**, involved in the captioned accident.

We are instructed by our client, to claim damages, on his behalf, in connection with a road traffic accident on **02.06.22** along **BEDOK NORTH AVENUE 1** involving rider in a motor cycle **FBN 8385P** and motor vehicle **SHC 8583X**, driven by your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligence and/or contributory negligence in driving and management of motor vehicle **SHC 8583X**. As a result of the accident, our client has sustained injuries, suffered pain and has been put to loss and expenses.

We hereby, in compliance with the PIMA protocol and Subordinate Court e-Practice Directions No. 2 of 2011, give notice, of our client's intention to claim damages for personal injuries and consequential loss and expenses suffered by him, against your insured, the driver of motor vehicle **SHC 8583X**, for his negligence and/or contributory negligence in driving, use and management of motor vehicle **SHC 8583X** at the material time, and, if necessary, to commence legal action against your insured driver, for the same.

We, also, in compliance with the PIMA protocol and Subordinate Court e-Practice Directions No. 2 of 2011 (Para2.2) set-out the quantification of our client's claim herein as follows subject to further medical reports, medical receipts:-

General Damages

Pain & Suffering

a) Facial Contusion	\$	6,000.00
b) Abrasions on Hands and Knees	\$	6,000.00
c) Degloving Injury and Laceration	\$	6,000.00
d) Left 6 th & 7 th Rib Fractures	\$	20,000.00

Loss of earning capacity

Loss of earning capacity \$to be assessed

Special Damages

a) Medical expenses	\$	4343.56
b) Transport expenses	\$	40.00
c) Cost of Repair	\$	6902.50

Please kindly note, that the above quantification is made on a without prejudice basis and we reserve our client's rights to re-quantify his claim.

Police Investigation:

- Not available at the moment

We, also, in compliance with PIMA protocol and Subordinate Court e-Practice Directions No. 2 of 2011 (Para 2.4), forward copies of the following documents for your perusal and considerations: -

List of Documents

No.	Date	Description
1.	02.06.22	LTA Search
2.	03.06.22	Medical Certificate
3.	08.06.22	Medical Certificate Invoice & Hospitalisation Invoice
4.	17.06.22	Police Report
5.	30.06.22	LTA Search Fee
6.	08.12.22	Repair invoice + Survey Report
7.	28.02.23	Medical Report Invoice
8.	06.03.23	Medical Report

In compliance with the pre-action protocol under the State Courts' Practice Direction 38, we propose using one of the following medical experts as a single joint expert:

Name of Medical Expert

Specialty

Dr. Deepali Junnakar Roy

Senior Staff Registrar, Changi General Hospital

We also take this opportunity to remind you that in compliance with para 3.6 of Subordinate Court e-Practice Directions No. 2 of 2011, your good office shall, within, **eight (8) weeks** from the date hereof:

- Reply to us indicating whether you intend to defend our client's claim herein and provide us the reason for doing so;

- b) State your position taken on liability and quantum with supporting documents; and

M/S ARASAN LAW CHAMBERS
Continuation Sheet...

-3-

- c) Provide us all documents in relevance to our client's claim herein and your client's defence, particularly, the following:-
- GIA reports/Police reports, together with type-written transcripts of persons involved in the accident;
 - Traffic investigation report;
 - Police sketch plan;
 - Vehicle damage report;
 - Original, colored copies of photographs of damages to vehicles;
 - Original, colored copies of photographs of scene of accident;
 - Coroner's Enquiry Report, if applicable;
 - Name of all witnesses;
 - Statement of witnesses;
 - Video footage of accident.

Please kindly note that we reserve our client's rights to request for cost sanctions, if the above is not complied with.

In view of an amicable settlement at this stage of the intended proceedings, we render below a list of disbursements incurred:-

Disbursements incurred as to date:

a)	Medical report fee	\$ 120.00
b)	LTA search fee	\$ 7.49
c)	Incidentals	\$ 100.00
d)	Survey Report fee	\$ 522.00

Yours faithfully,



M/S ARASAN LAW CHAMBERS
Enc



Restricted, Sensitive (Normal)

PRIVATE & CONFIDENTIAL

ALC(L)2022.469.LCS.YB
MPL/2023/0001640

6 March 2023

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

MEDICAL REPORT
LIM CHIA SENG
S0454070J

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.

Abovementioned patient was seen on 2nd June 2022 at 2256 hours. Patient was a motorcyclist involved in road traffic accident. Patient was wearing helmet. Patient has past medical history of 1) Ischemic heart disease 2) High cholesterol. Patient was managed in A/E with on call trauma Team. Patient had wound on left upper arm. Patient complained of pain over left chest wall after hitting floor.

On examination, patient was conscious with GCS (Glasgow Coma scale) of 15/15. Patient was alert and comfortable. There was no signs of head injury. Patient's BP (Blood pressure) was on higher side (180/97 mm of mercury) Abrasions were noted on left maxillary area, philtrum and chin. There was no spinal tenderness throughout. Noted bruising over left shoulder. There was localized tenderness on left side chest wall. There was a large degloving injury (20x20cm) on left forearm exposing muscles. Range of movement of all joints was normal. Superficial abrasions were noted on bilateral hands and bilateral knees. Patients gait was normal. Bedside ultrasound for abdomen was normal.

Patient was given intravenous pain killers. Intramuscular anti tetanus injection was given. Blood tests were done and were unremarkable.

X-Rays for chest, both hands, left forearm, facial bones and left elbow were done. Chest x-ray showed left 6th and 7th rib fractures. Rest of the x-rays were normal.

Based on documentation, patient can be diagnosed as having 1) facial contusion 2) Multiple abrasions on hands and knees 3) large degloving injury and laceration on left forearm 4) left sided rib fractures. Patient was admitted to orthopedic department for further management of left forearm wound.

DR DEEPALI JUNNAKAR ROY
Senior Staff Registrar
Accident & Emergency Department



ARASAN LAW CHAMBERS
151 CHIN SWEE ROAD
#06-08 MANHATTAN HOUSE
SINGAPORE 169876

MR No. : MPL/2023/0001640
Receipt No. : ALC(L)2022.468
Date : 28-Feb-2023
Reference No. : ALC(L)2022.469.LCS.YB
External Receipt No. : ALC(L)2022.468

PAYMENT ACKNOWLEDGEMENT

GST Reg No. : M9-0368910-N

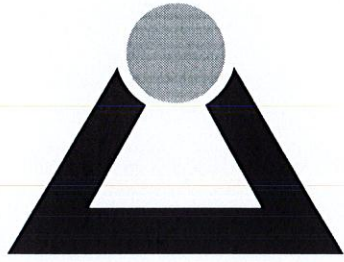
Received From : ARASAN LAW CHAMBERS	Quantity	Fee (\$\$)	Amount (\$\$)
Patient Name : LIM CHIA SENG			
HRN : XXXXX070J			
LEGAL ORDINARY MEDICAL REPORT	1	120.00	120.00
	Amount Before Tax		111.11
	GST (8%)		8.89
	Total Amount Payable		120.00

Payment Mode	Receipt ID	Cheque/Card No.	Bank	Amount Paid
GIRO	MR/2023/01096			120.00

PLEASE NOTE: The timeline required for completion of **Ordinary** medical reports is about 4 to 6 weeks, from the date of receiving the request with all the relevant documents and appropriate medical report fee. **Specialist** medical reports and Medical reports for **Work Injury** Compensation require a longer processing time as a review at the Specialist Outpatient Clinic may be required after the patient has been discharged or given an open date for clinic review.

***You are served by

NORASHIKIN BTE BACHOK



EQBH PTE LTD®

REGISTRATION NO: 201709306E

25 Kaki Bukit Road 4
Synergy@KB #03-79
Singapore (417800)

Date: 12/12/2022 8/12/2022
Email: eqbh.development@gmail.com

2022 469

OFFICIAL INVOICE

Customer Name: Lim Chia Seng Contact: 9008 5002
Vehicle Model: SYM VF3I 185I
Vehicle Plate: FBN8385P

SN	Item	Unit	Price	Amount
1	Cost of repair	1	\$ 3,000.00	\$ 3,000.00
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12				\$ -
13				\$ -
14				\$ -
15				\$ -
16				\$ -
			Total	\$ 3,000.00
Terms and Conditions:			GST 7%	\$ 210.00
All items are priced in Singapore Dollars (SGD).			Net Total	\$ 3,210.00

Remarks:

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



Advanced Automotive Consultancy Pte Ltd

159, Yishun St 11, #04-166. S(760159)
Business Regn No : 201416413W
Tel/ Fax no: 67568321

Tax Invoice

LIM CHIA SENG

Invoice No. : AAC 22 DEC 11

c/o EQBH PTE LTD
Blk 25, Kaki Bukit Rd 4 Synergy@KB, #03-79
Singapore 417800

Invoice Date : 8-Dec-2022

Terms : 30 Days

Ref No. : TP/FBN8385P/EB/0722/07

Vehicle No. : FBN8385P

Date of Accident : 2-Jun-2022

Date of Survey : 28-Jul-2022

Description

Amount

- (1) Survey Of Vehicle
- A set of survey report
- Correspondence & Consultation

SGD \$522.00

- (2) Transportation Charges including resurvey

- (3) Attached Photographs (92 pcs)

Total

SGD \$522.00

GRAND TOTAL

SGD \$522.00

E. & O.E.

Cheque should be crossed and made payment to "Advanced Automotive Consultancy Pte Ltd "



Authorised By



Advanced Automotive Consultancy Pte Ltd

Bussiness Regn No: 201416413W

ACCIDENT VEHICLE INSPECTION / ASSESSMENT REPORT

1 REFERENCE			
Our reference no	:	TP/FBN8385P/EB/0722/07	
Date of request	:	28-Jul-2022	
Date of survey	:	28-Jul-2022	
Date of accident	:	2-Jun-2022	
Requested by	:	LIM CHIA SENG	
	:	C/o , Blk 25 Kaki Bukit Rd 4 Synergy@KB, #03-79.Singapore 417800	
Type of claim	:	Third party	
Workshop	:	EQBH PTE LTD	
	:	Blk 25, Kaki Bukit Rd 4 Synergy@KB, #03-79	
	:	Singapore 417800	
2 DETAILS OF VEHICLE			
Registration No.	:	FBN8385P	
Make & Model	:	SYM VF3I	
Date of registration	:	19-Dec-2018	
Engine No.	:	VMVF3A9D000025	
Engine Capacity	:	183 CC	
Chassis No.	:	RLGGA18BDJD000025	
Speedometer reading	:	33,885 KM	
Colour	:	BLUE	
3 STATIC CHECK			
Steering	:	Affected	Paintwork : Good
Footbrake	:	In order	Modification : Nil
Handbrake	:	In order	General condition : Good
4 TYRE CONDITION			
		<u>Nearside/Make</u>	<u>Size</u>
Front tyre	:	3mm/PIRELLI	90/80-17
Rear tyre	:	3mm/KENDA	120/70-17
5 POINT OF IMPACT			
The said vehicle has sustained an impact damages on the front, rear, left and right portion. Kindly refer to the attached photographs for more detail of the damages.			
6 REMARK			
This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not authorised any repair.			

Advanced Automotive Consultancy Pte Ltd

Annex A : Assessement / Adjustment on Spare Parts

TP/FBN8385P/EB/0722/07

Item	Vehicle Parts Description	Condition	Qty	W/shop Est. (\$)	Disc (%)	Adjusted Cost (\$)
List Items						
1	SYM fairing (colored)	grazed	1	\$480.00	10%	\$432.00
2	SYM fairing (matte black)	grazed	1	\$140.00	10%	\$126.00
3	SYM front suspensions	repair/align	2	\$600.00	100%	\$0.00
4	SYM tripple clamp	repair/align	1	\$180.00	100%	\$0.00
5	SYM steering cone	necessary	1	\$95.00	10%	\$85.50
6	SYM handlebar	distorted	1	\$95.00	10%	\$85.50
7	SYM handlebar bracket	necessary	1	\$65.00	10%	\$58.50
8	SYM headlight	grazed	1	\$220.00	10%	\$198.00
9	SYM rear signal (left)	grazed	1	\$45.00	10%	\$40.50
10	SYM rear signal (right)	grazed	1	\$45.00	10%	\$40.50
11	SYM rear wheel bearings	rattle	2	\$70.00	10%	\$63.00
12	SYM rear wheel seal	necessary	2	\$30.00	10%	\$27.00
13	SYM rear wheel shaft	grazed	1	\$50.00	10%	\$45.00
14	SYM front brake lever	intact	1	\$80.00	100%	\$0.00
15	SYM front brake master cylinder	intact	1	\$150.00	100%	\$0.00
16	SYM front brake master cylinder bracket	intact	1	\$25.00	100%	\$0.00
17	SYM front brake hose	intact	1	\$95.00	100%	\$0.00
18	SYM clutch lever	bent/grazed	1	\$45.00	10%	\$40.50
19	SYM clutch cable	intact	1	\$80.00	100%	\$0.00
20	SYM clutch lever holder	distorted	1	\$45.00	10%	\$40.50
21	SYM clutch lever holder screw	intact	1	\$10.00	100%	\$0.00
22	SYM clutch cable length adjuster	intact	1	\$20.00	100%	\$0.00
23	SYM exhaust cover (black)	grazed	1	\$45.00	10%	\$40.50
24	SYM exhaust cover (silver)	grazed	1	\$65.00	10%	\$58.50
25	SYM brake pedal	grazed	1	\$45.00	10%	\$40.50
26	SYM throttle tube	intact	1	\$25.00	100%	\$0.00
27	SYM throttle cable	intact	1	\$45.00	100%	\$0.00
28	SYM pillion foot rest bracket (left)	grazed	1	\$65.00	10%	\$58.50
29	SYM pillion foot rest (left)	grazed	1	\$25.00	10%	\$22.50
30	SYM rear number plate holder	deformed/bent	1	\$65.00	10%	\$58.50
31	SYM mirror set	broken/bent	2	\$70.00	10%	\$63.00
32	SYM side stand	grazed	1	\$65.00	10%	\$58.50
33	SYM bar end balancer set	grazed	2	\$80.00	10%	\$72.00
34	SYM handle grip	necessary	1	\$35.00	10%	\$31.50
35	SYM rear swingarm	distorted	1	\$380.00	10%	\$342.00
36	SYM rear swingarm bush	necessary	2	\$60.00	10%	\$54.00
37	SYM rear swingarm bearing	necessary	2	\$70.00	10%	\$63.00
38	SYM rear swingarm seal	necessary	2	\$40.00	10%	\$36.00
39	SYM rear wheel shaft	grazed	1	\$60.00	10%	\$54.00
40	SYM gear shift pedal	distorted/grazed	1	\$50.00	10%	\$45.00
41	SYM front footrest (left)	grazed	1	\$30.00	10%	\$27.00
				\$3,985.00		\$2,407.50

TP/FBN8385P/EB/0722/07

Item	Vehicle Parts Description	Condition	Qty	W/shop Est. (\$)	Disc (%)	Adjusted Cost (\$)
S/Nett Items						
1	Number plate front	necessary/bent	1	\$15.00		\$15.00
2	Number plate rear	bent	1	\$20.00		\$20.00
3	IU bracket	necessary	1	\$85.00		\$85.00
4	IU unit	grazed	1	\$175.00		\$175.00
5	LiquiMoly brake fluid	necessary	1	\$20.00		\$20.00
				<u>\$315.00</u>		<u>\$315.00</u>
Total for Spare Parts :				<u>\$4,300.00</u>		<u>\$2,722.50</u>

Advanced Automotive Consultancy Pte Ltd

Annex B : Adjustment on Labour and Spray Painting

TP/FBN8385P/EB/0722/07

Item	Job Description	Workshop Est. (\$)	Adjusted Cost (\$)
1	To remove, repair front fork & tripple clamp, replace rear wheel bearing, rear wheel shaft, swing arm, etc.	\$350.00	\$200.00
2	To remove & replace above body damaged parts, check wiring & lighting system	\$500.00	\$350.00
3	To conduct chassis alignment	\$500.00	\$400.00
4	Towing -workshop to accident reporting center	\$60.00	\$60.00
5	Towing -accident reporting center to workshop	\$60.00	\$60.00
		<u>\$1,470.00</u>	<u>\$1,070.00</u>
TOTAL FOR LABOUR & SPRAY PAINTING :		<u>\$1,470.00</u>	<u>\$1,070.00</u>

Summary

	Workshop Est. (\$)	Adjusted Cost (\$)
TOTAL FOR SPARE PARTS :	\$4,300.00	\$2,722.50
TOTAL FOR LABOUR & SPRAY PAINTING :	\$1,470.00	\$1,070.00
TOTAL REPAIR COSTS :	<u>\$5,770.00</u>	<u>\$3,792.50</u>

Advanced Automotive Consultancy Pte Ltd

TP/FBN8385P/EB/0722/07

Annex C: Recommendation

We have inspected thoroughly the actual damages found on the vehicle and our assessment is appended in the Annex(es) attached. The condition and age of the vehicle was considered before we reached our recommendation as to whether the parts need replacement or repair.

M/S EQBH PTE LTD estimated repair cost is **S\$5,770.00** and we have adjusted it to **S\$3,792.50** on a part by part basis. However, taking into consideration the age of the vehicle and the availability of used/recondition components. We, therefore recommend a contract lump sum repair cost.

The repairer have agreed to undertake the repairs on a contract lump sum of **S\$3,000.00**, according to acceptable quality and standard. (Repairer discretion to repair parts, to replace with old parts, or to replace with OEM or genuine parts).

The entire repair of the damaged vehicle should be completed within a reasonable period of 4 working days.

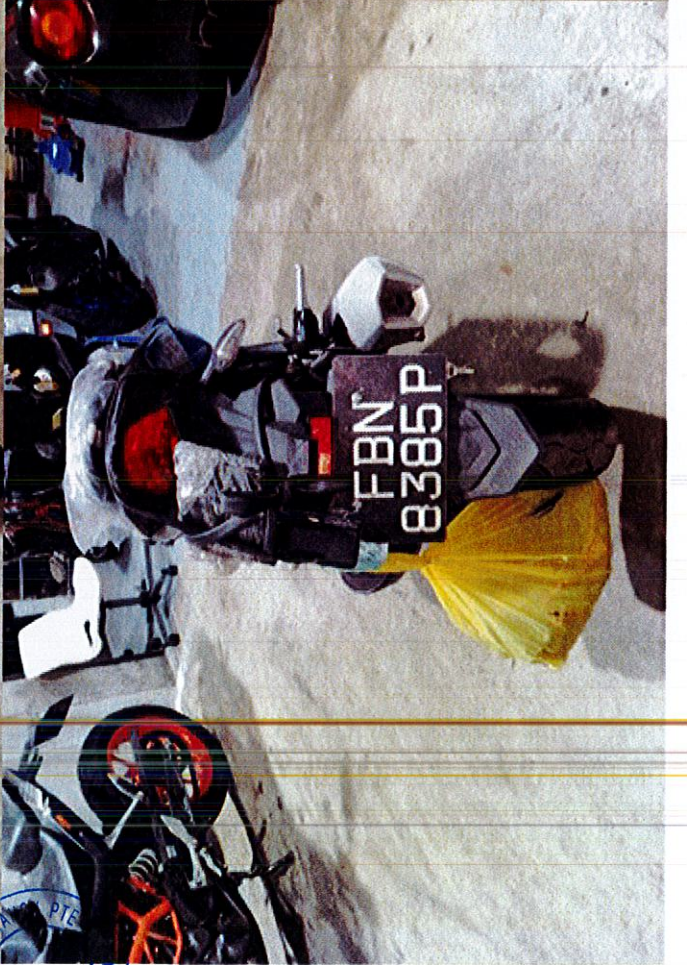
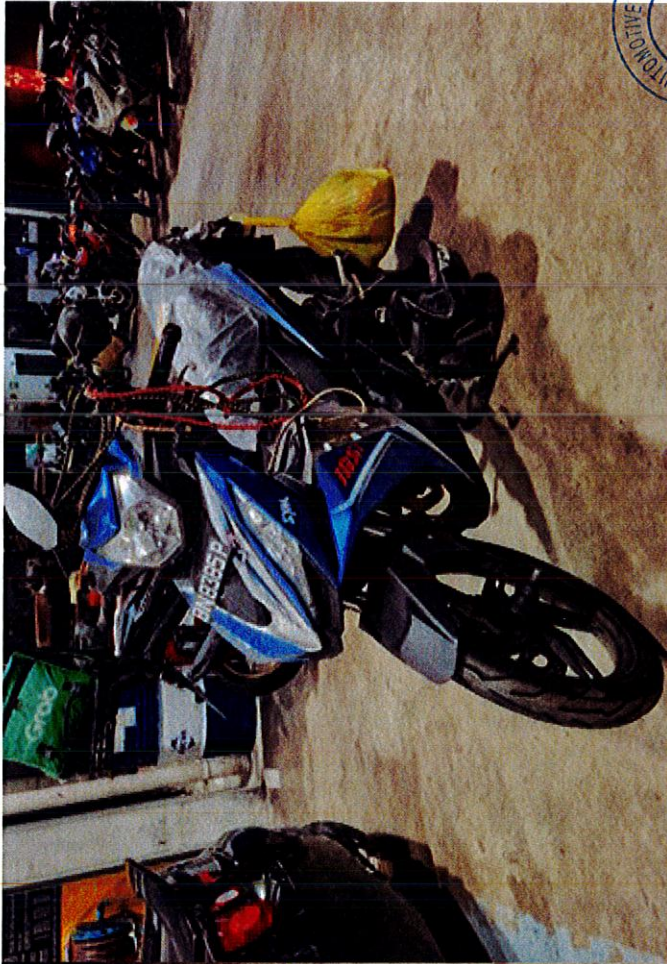
We have advised the repairer that the inspection was conducted strictly on a WITHOUT PREJUDICE basis and we have not given any instruction and authorisation to proceed with the repair of the vehicle.

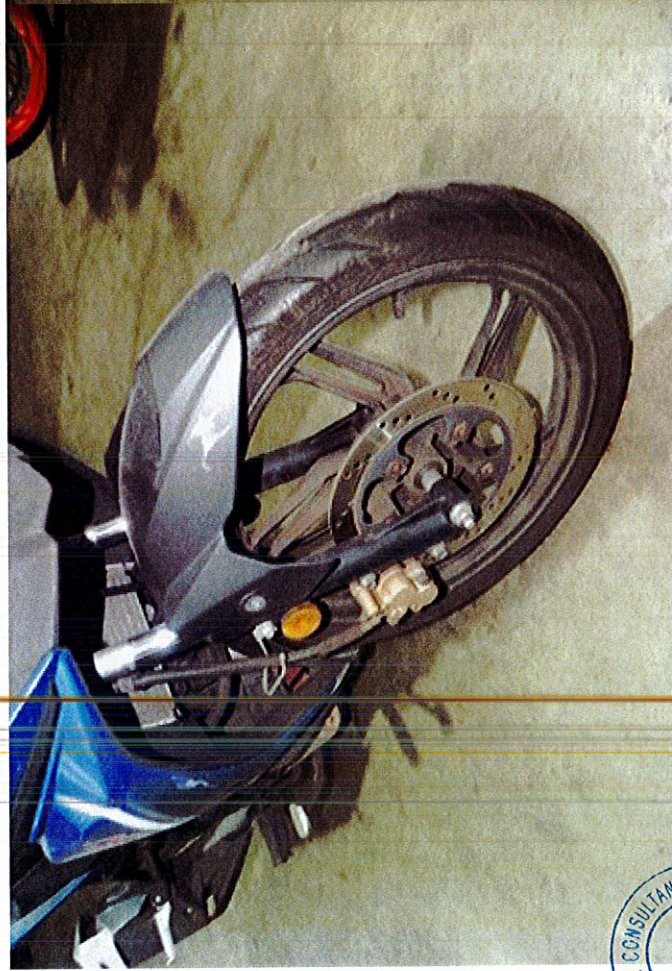
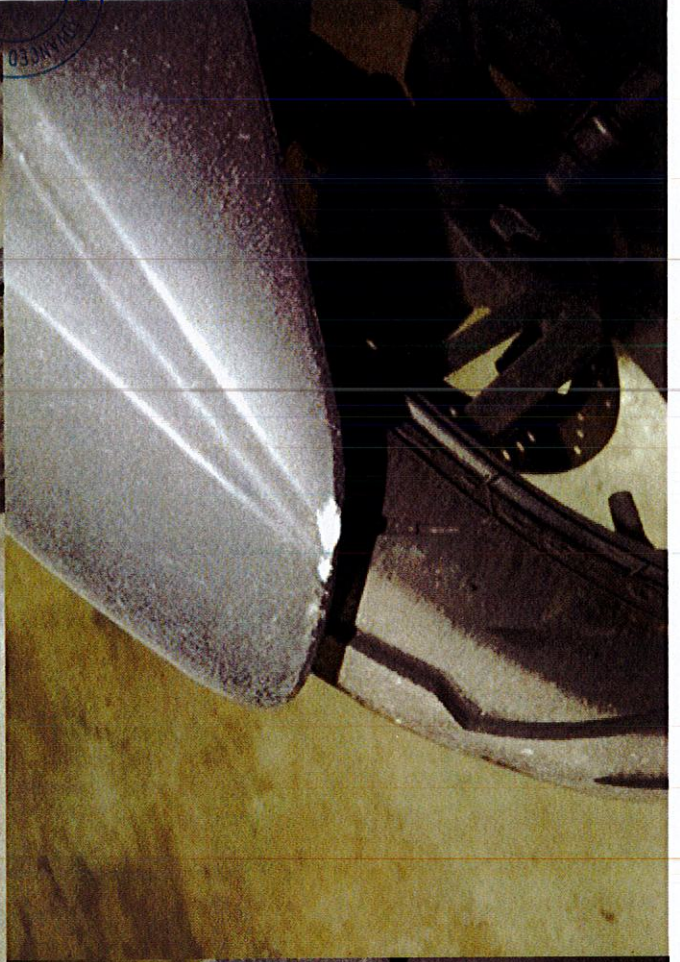
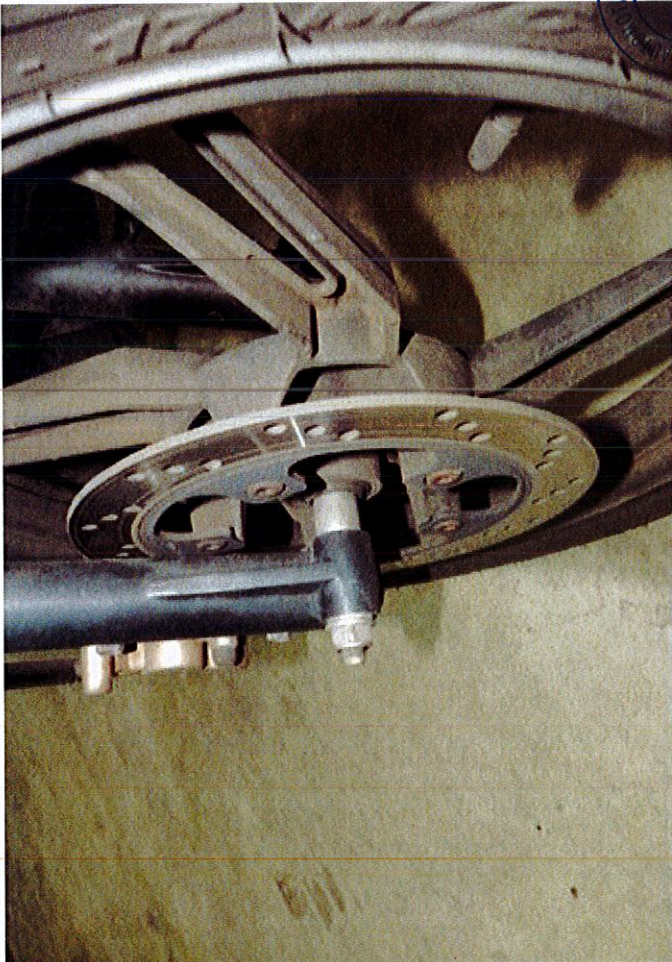
We are reverting the matter to you for your discretion and enclosed is our invoice for service rendered.

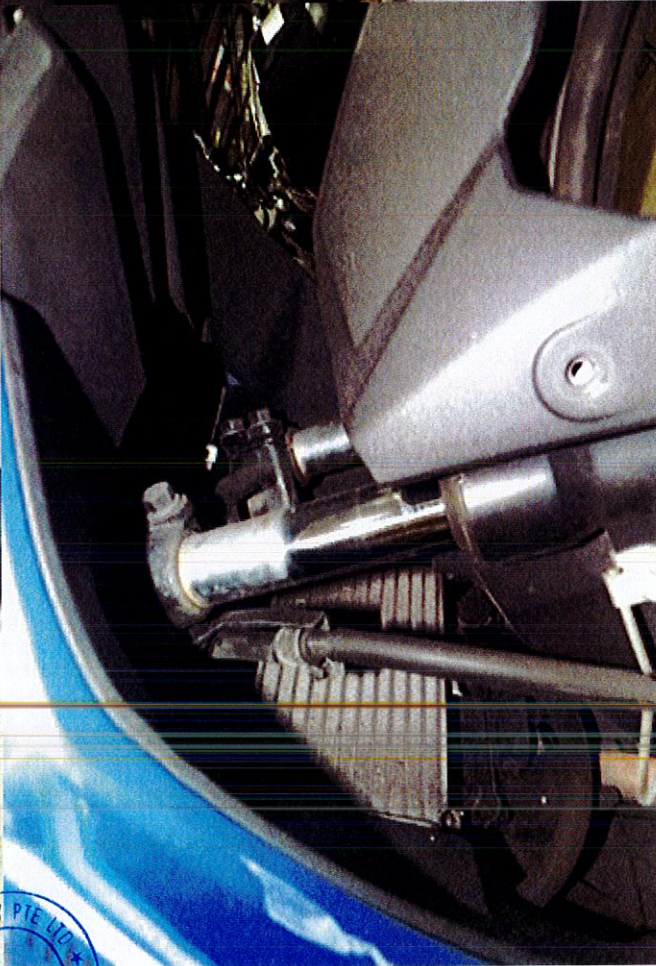
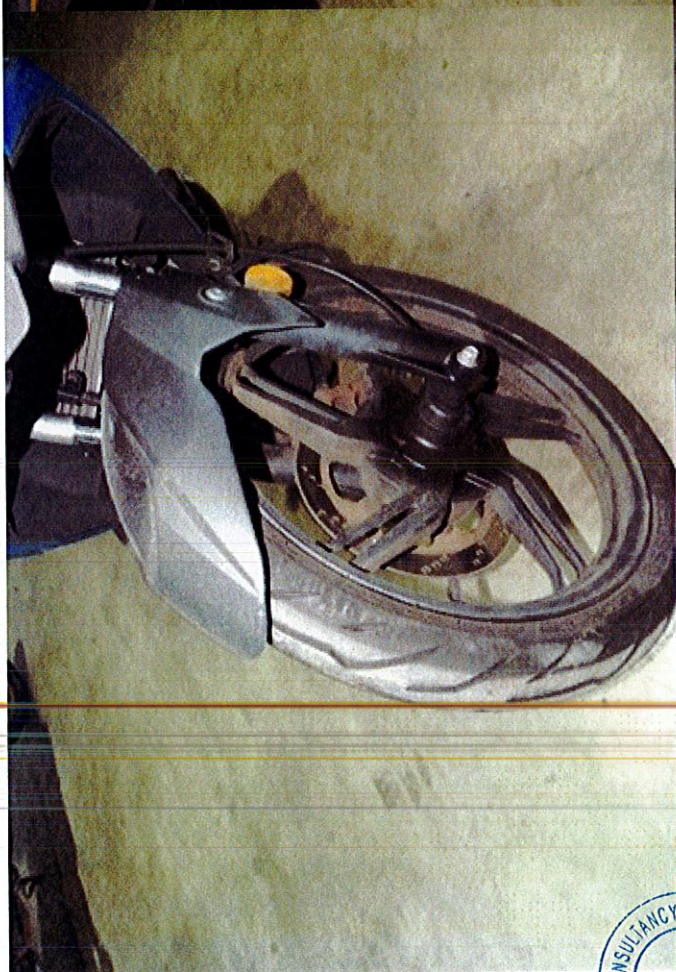
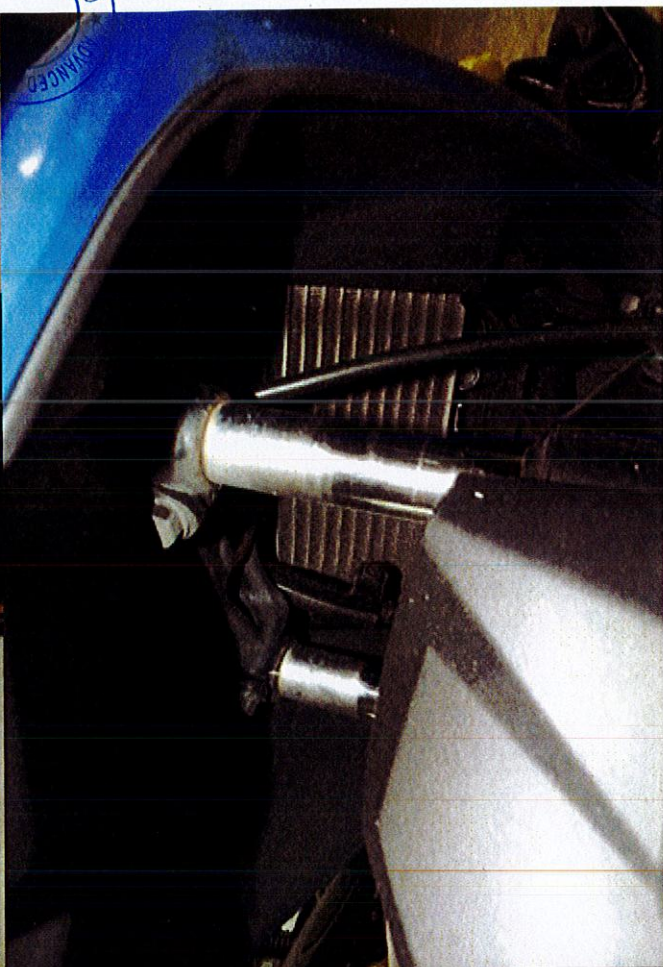
Yours faithfully,

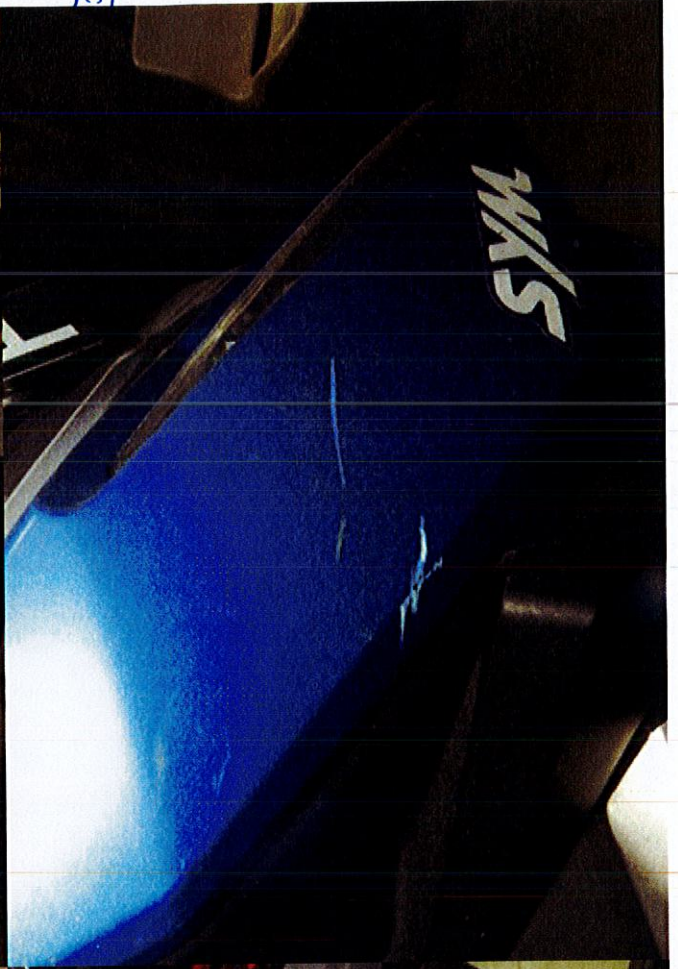


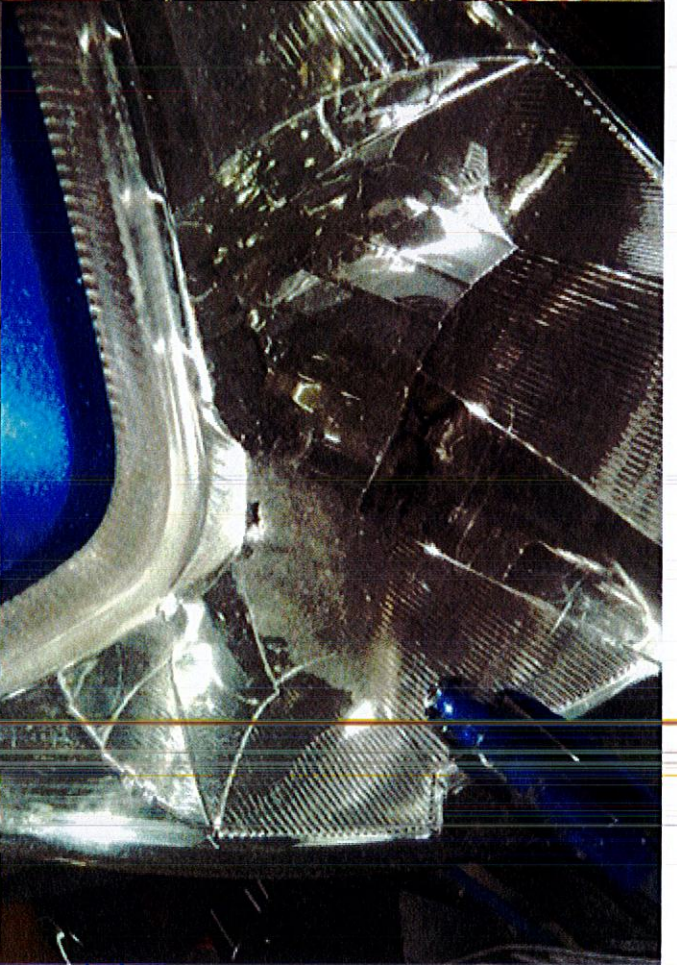
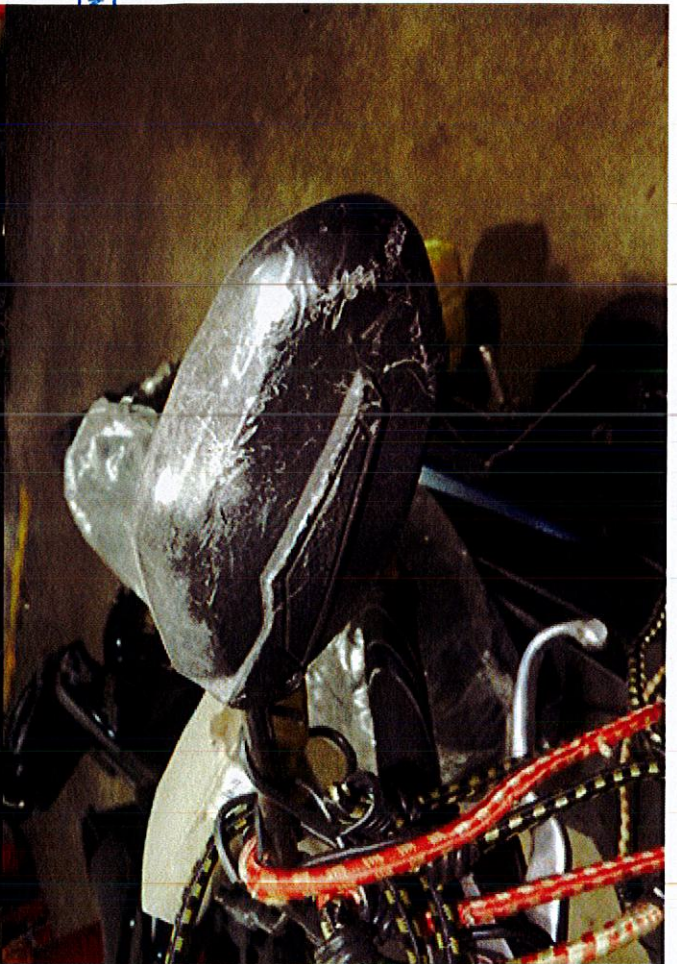
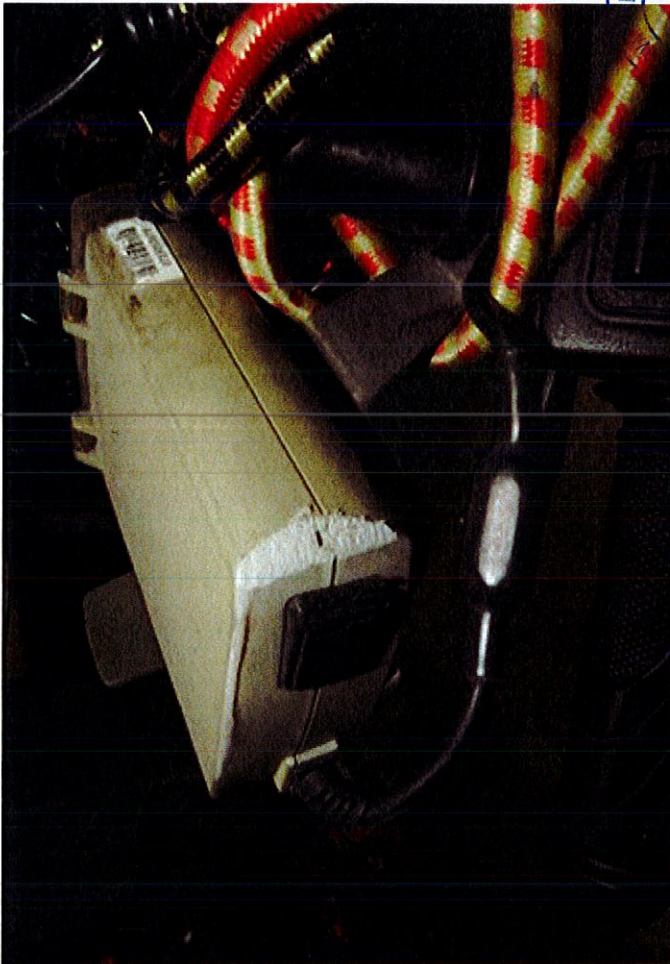
Henry Low
Automotive License Appraiser
CMTM, DMTM, IPTM (UNF)

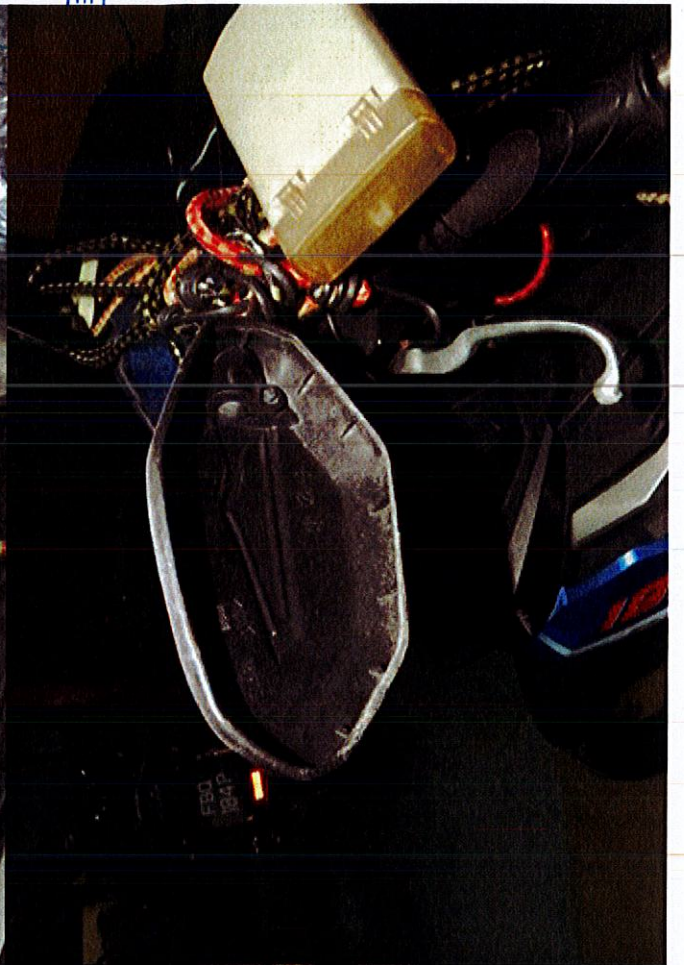






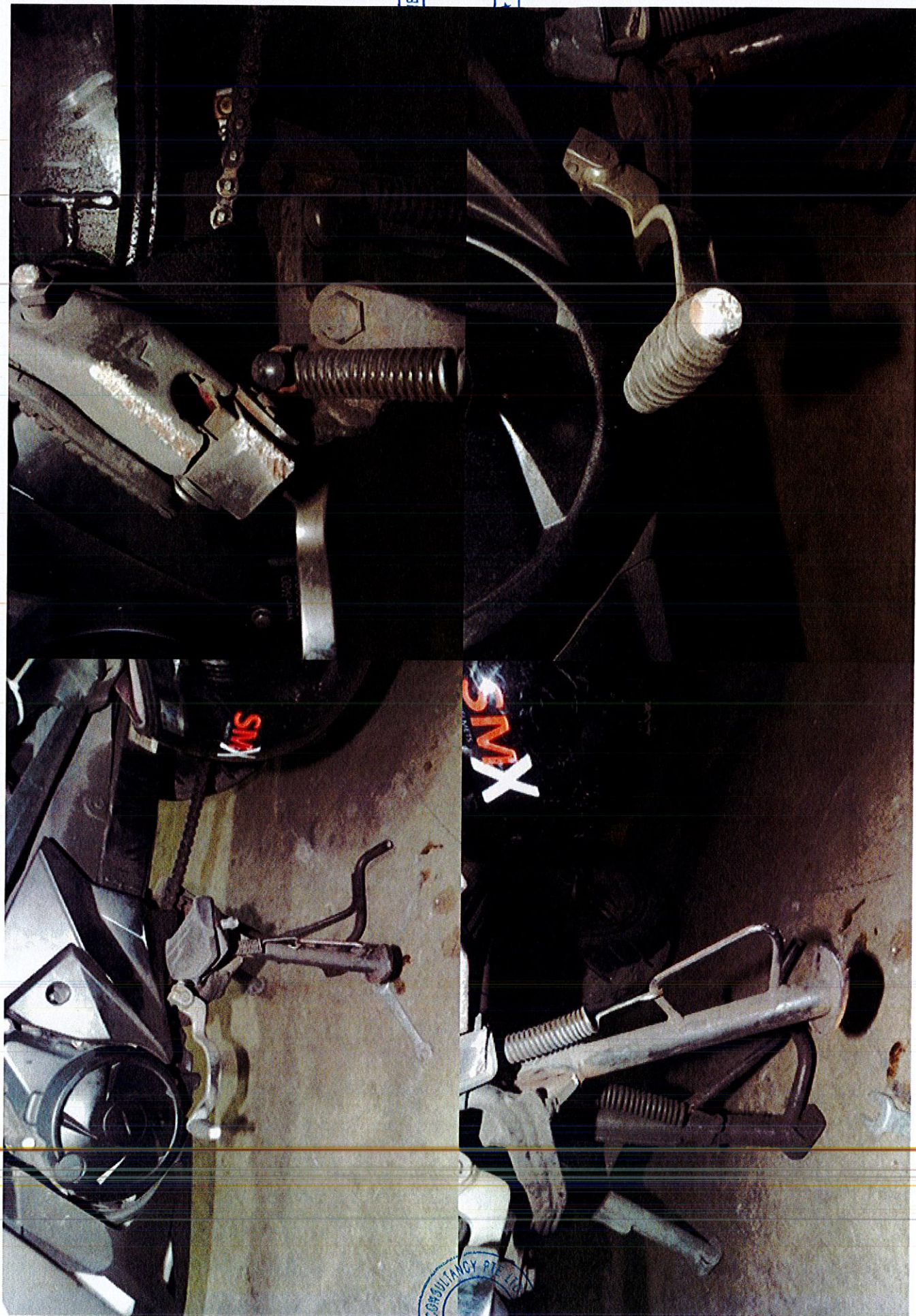








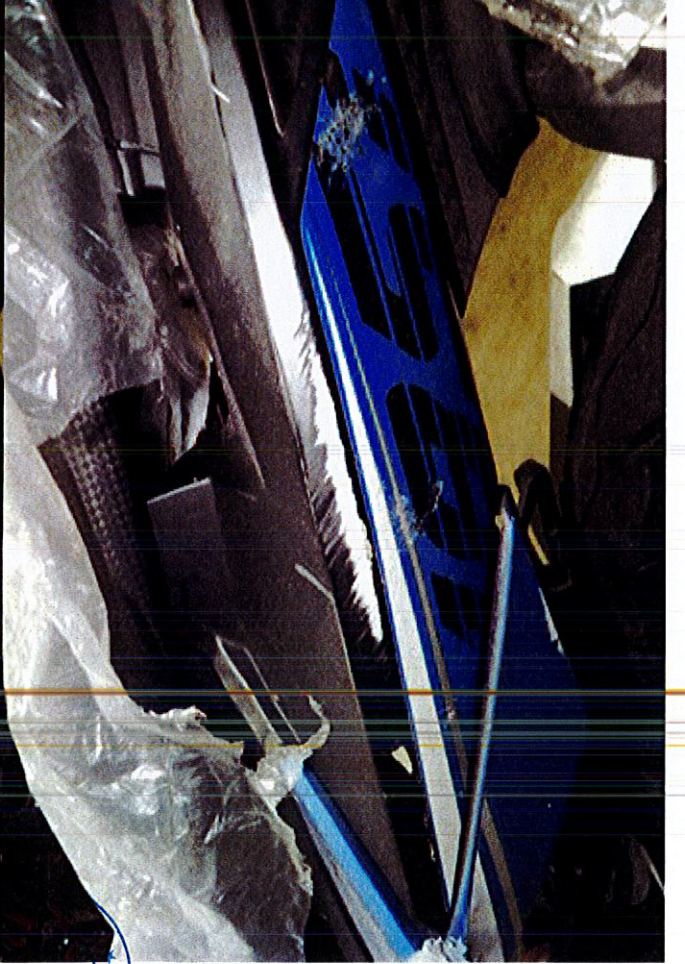


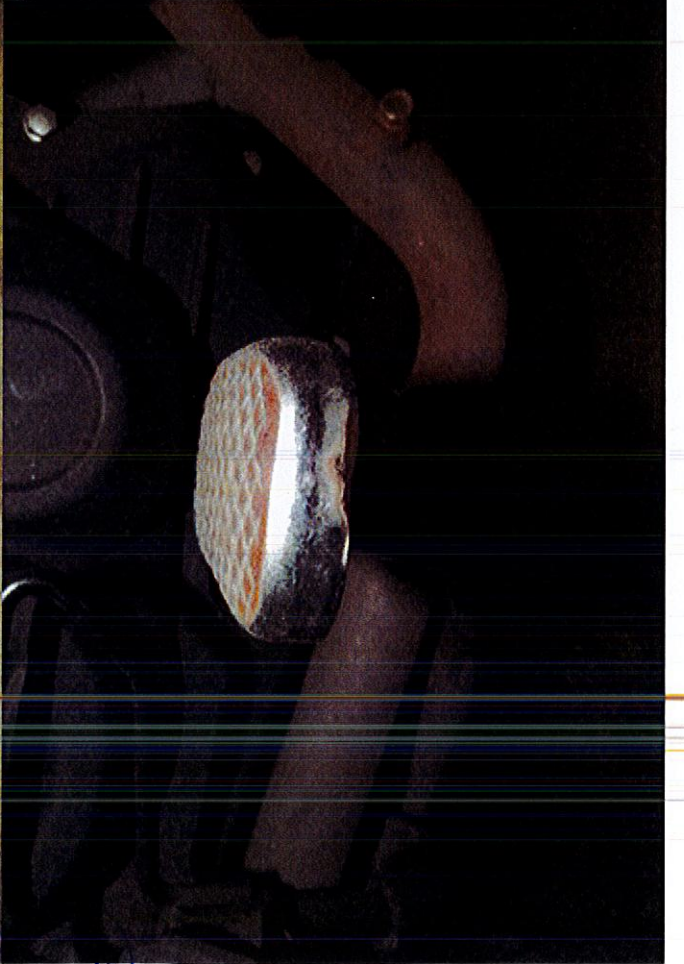
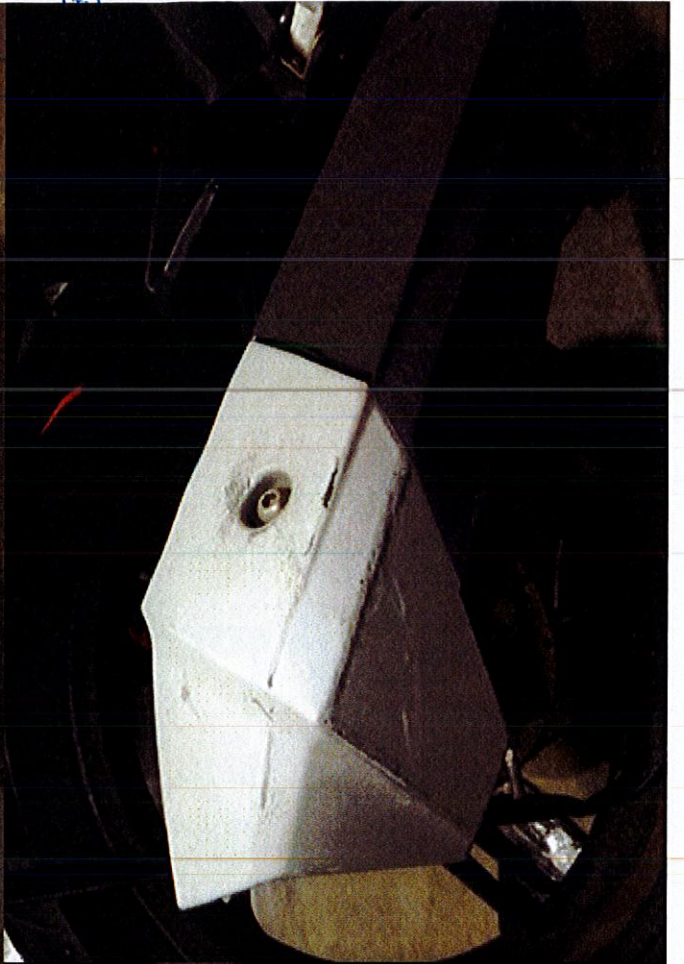


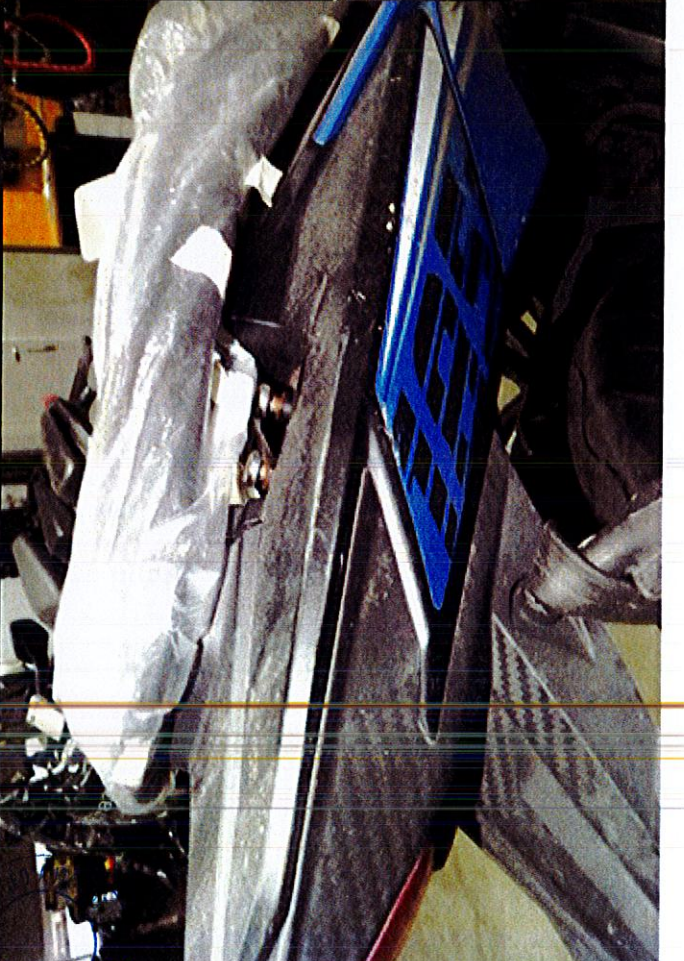
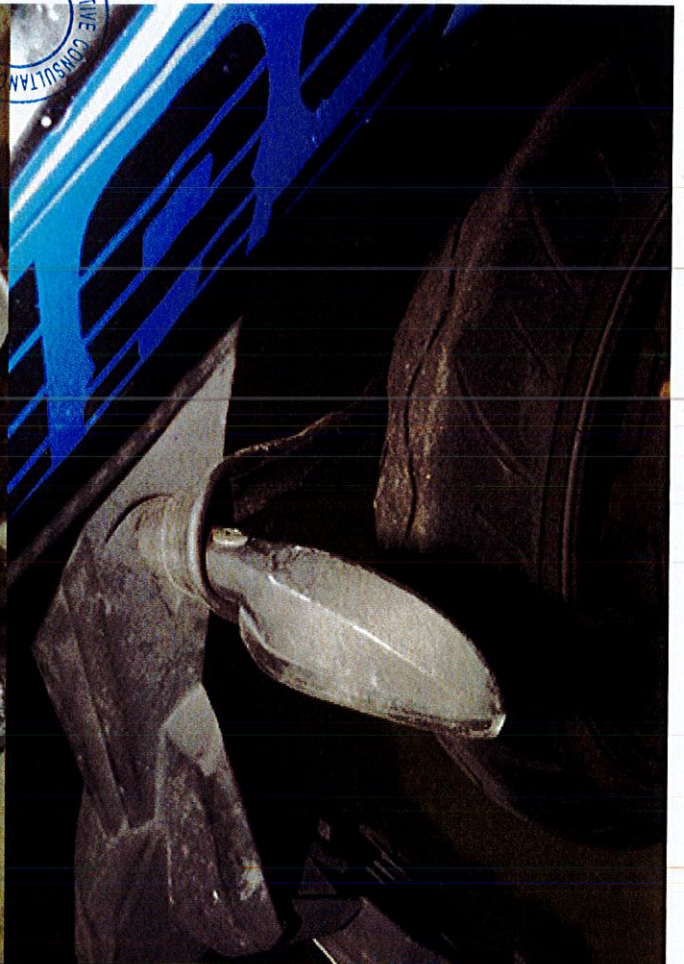
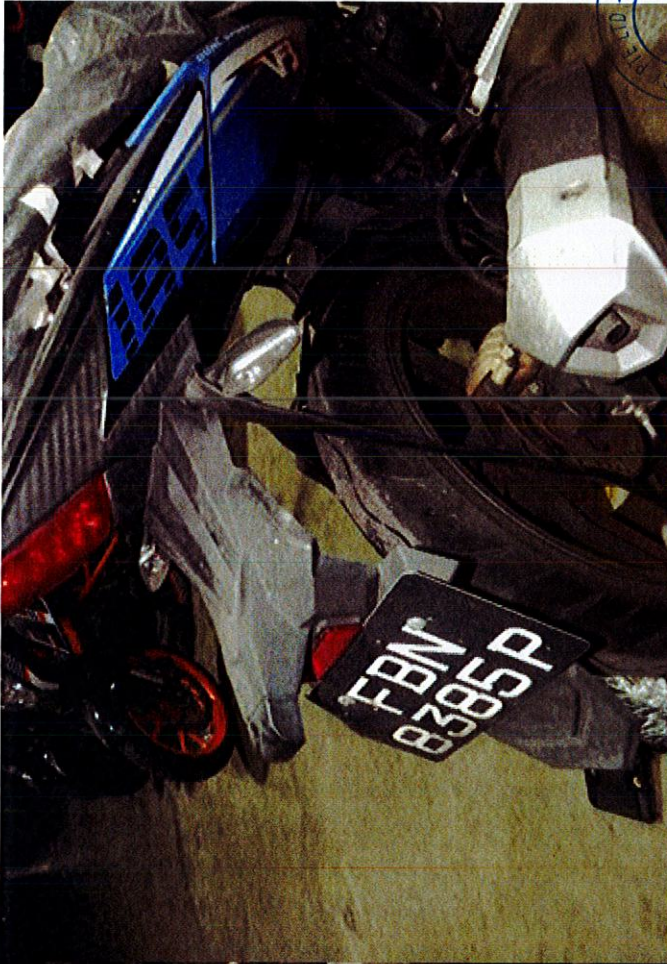
ADVANCED AUTOMOTIVE CONSULTANCY PTY LTD

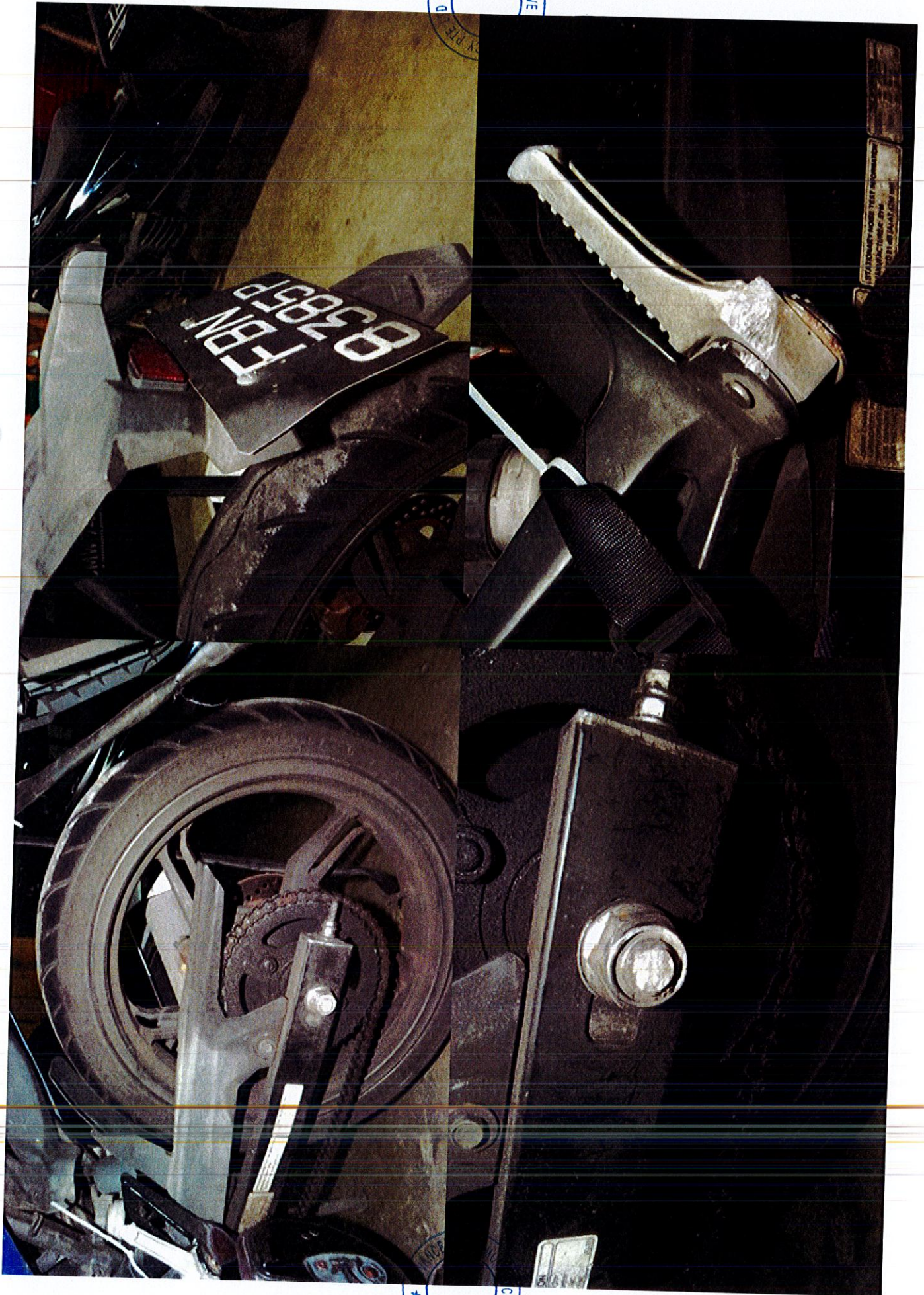


ADVANCED AUTOMOTIVE CONSULTANCY PTY LTD



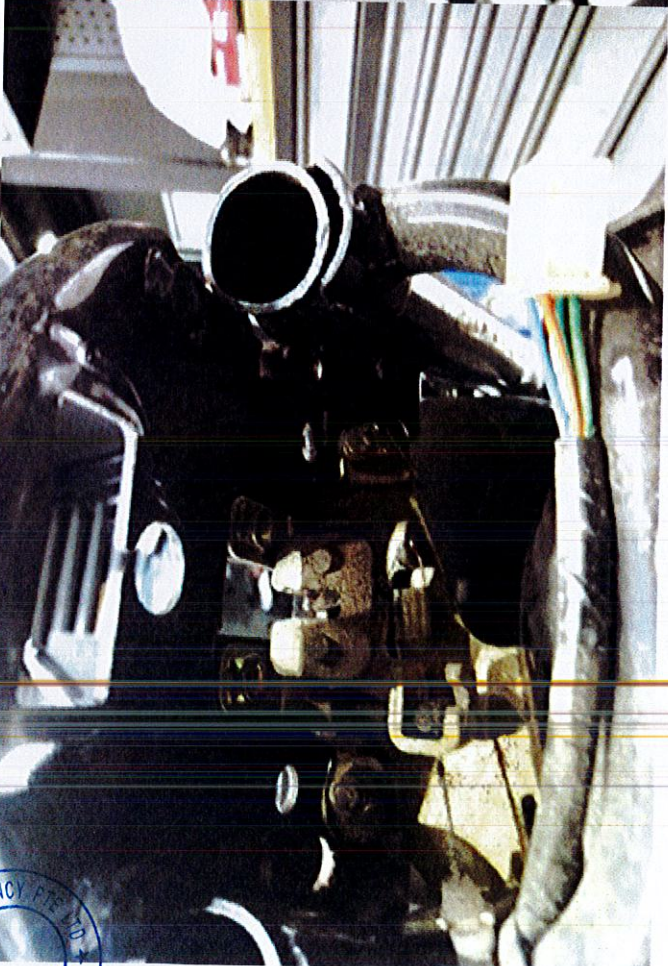
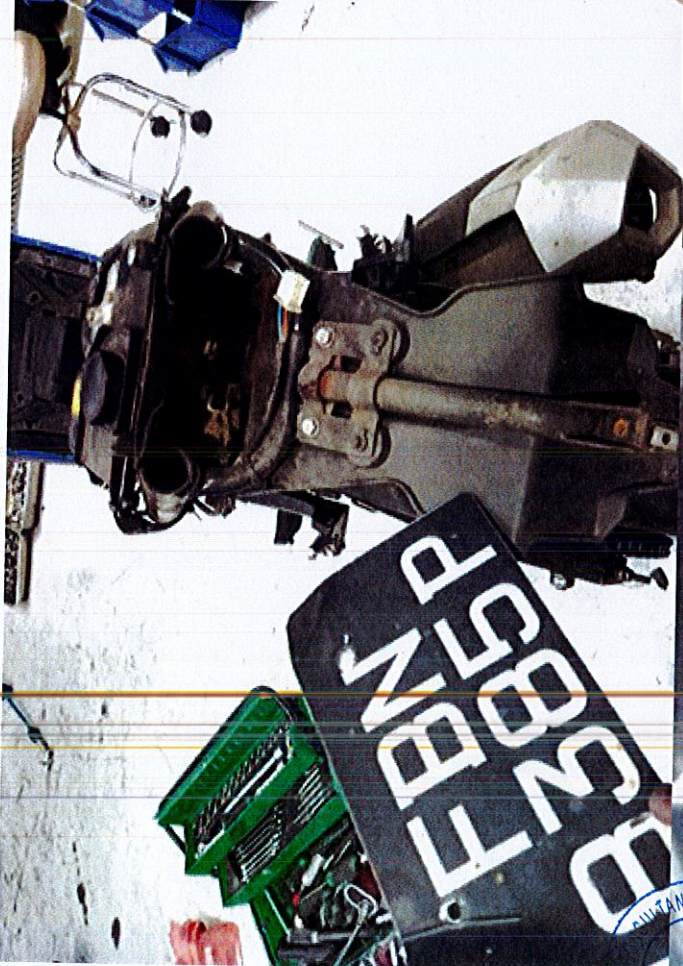
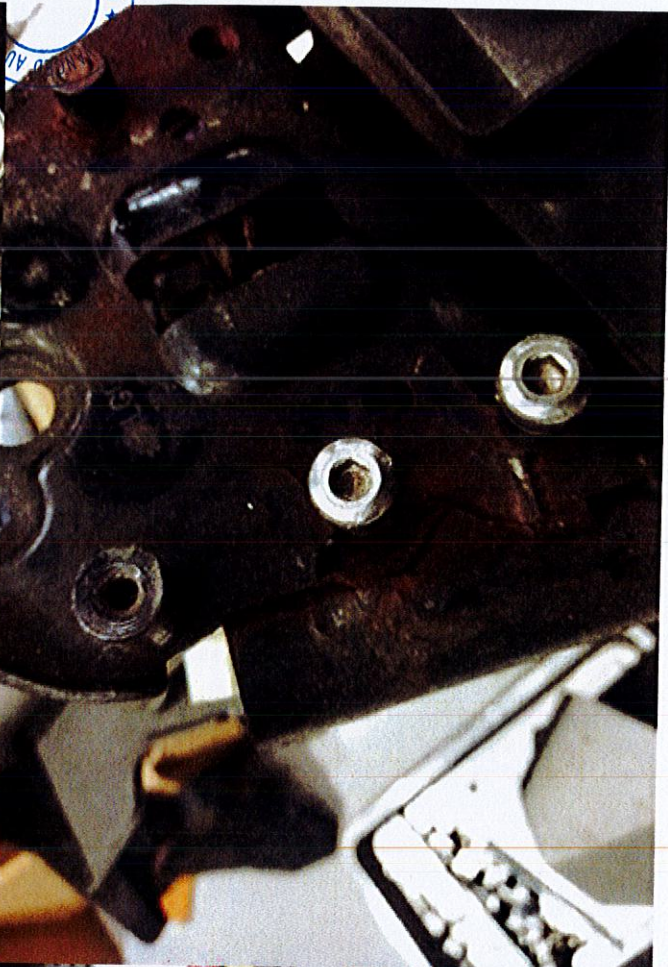


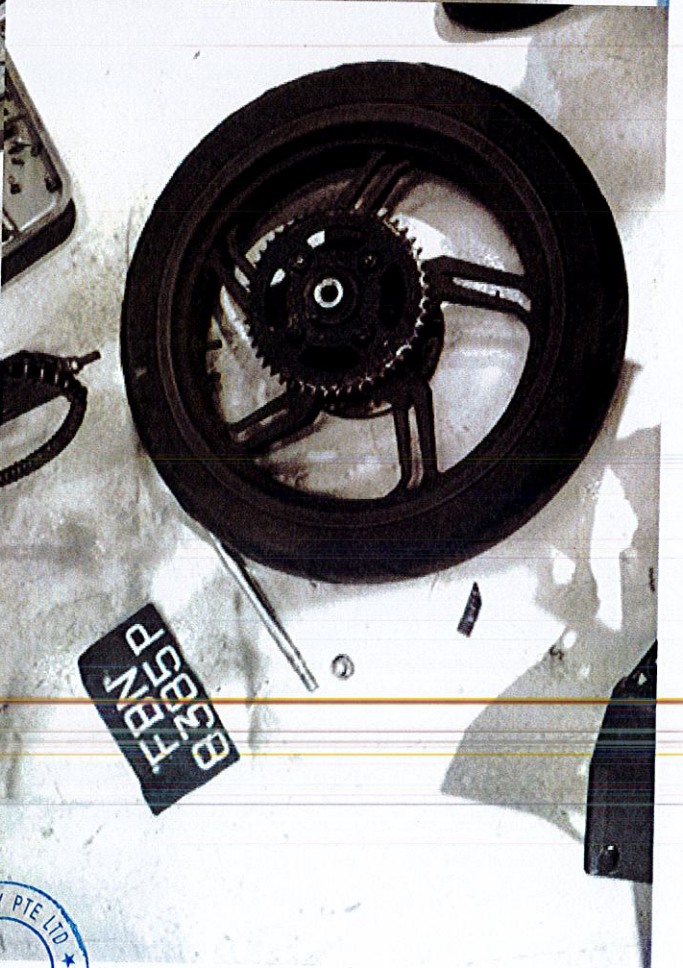
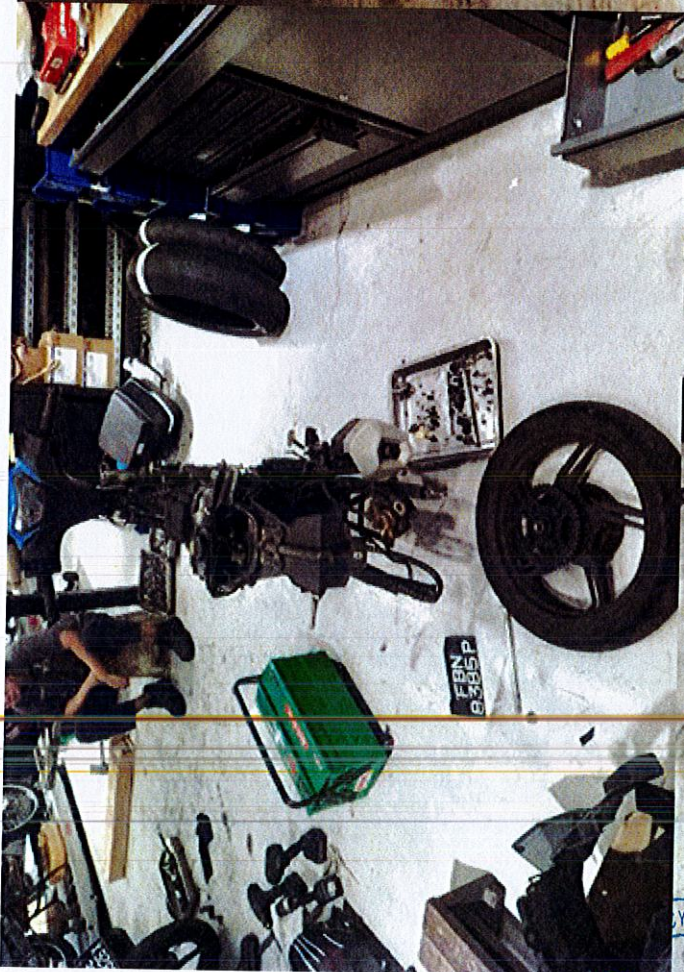
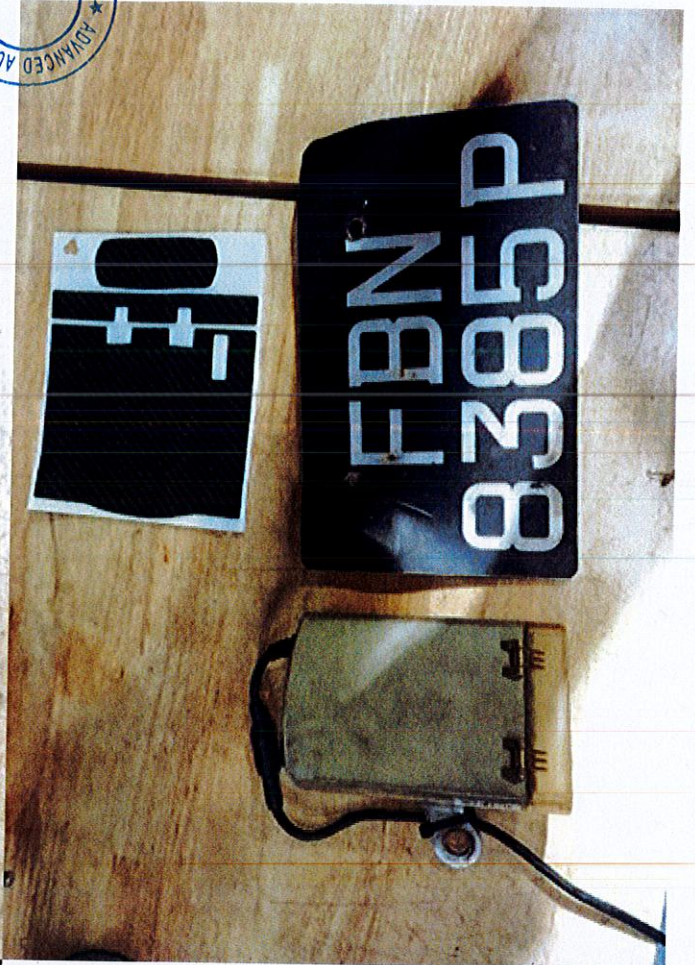
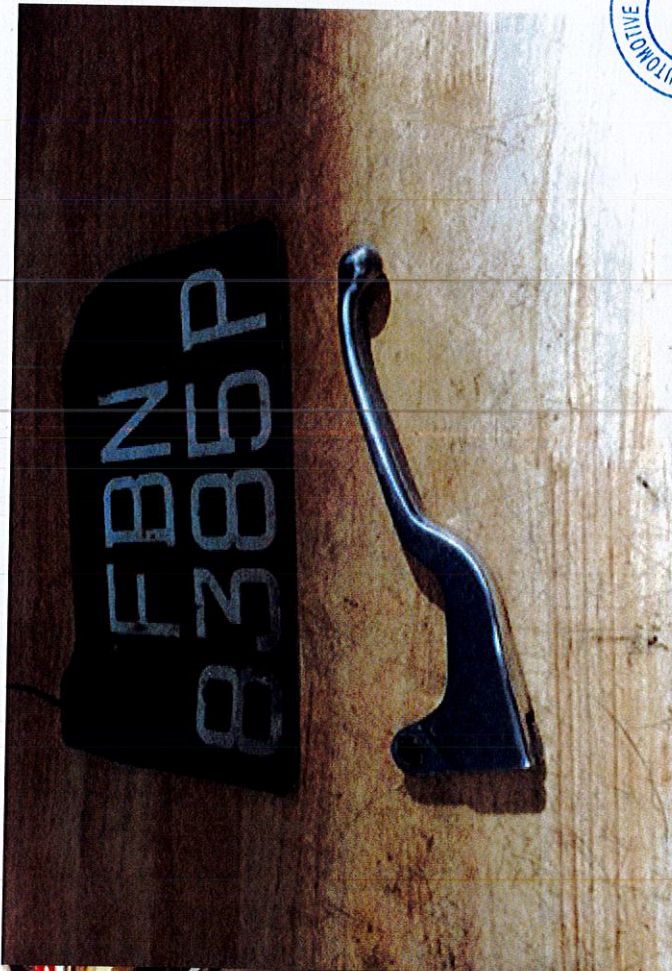


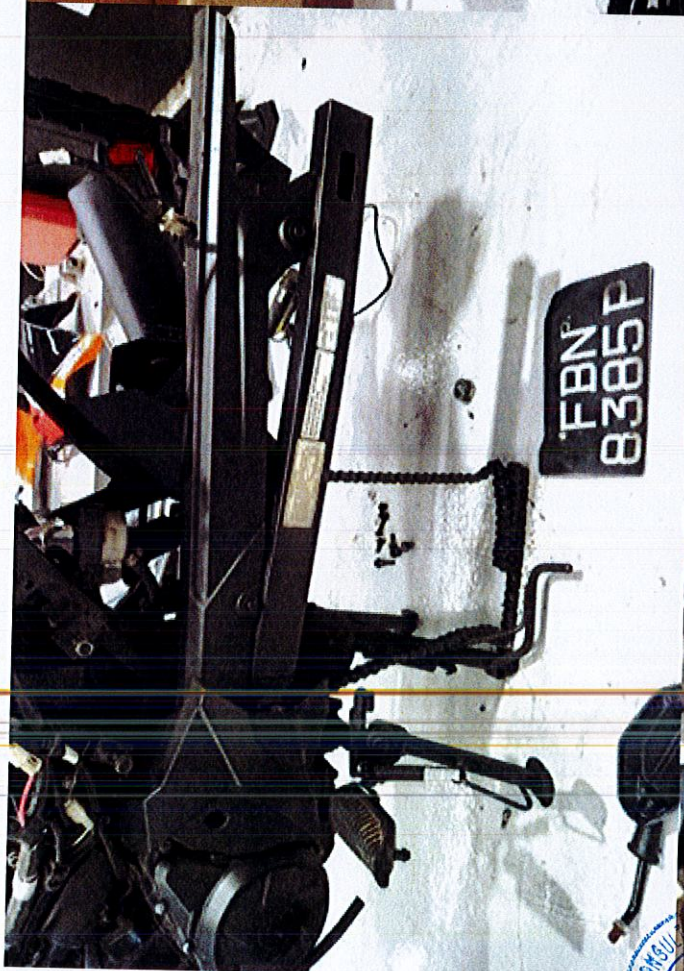


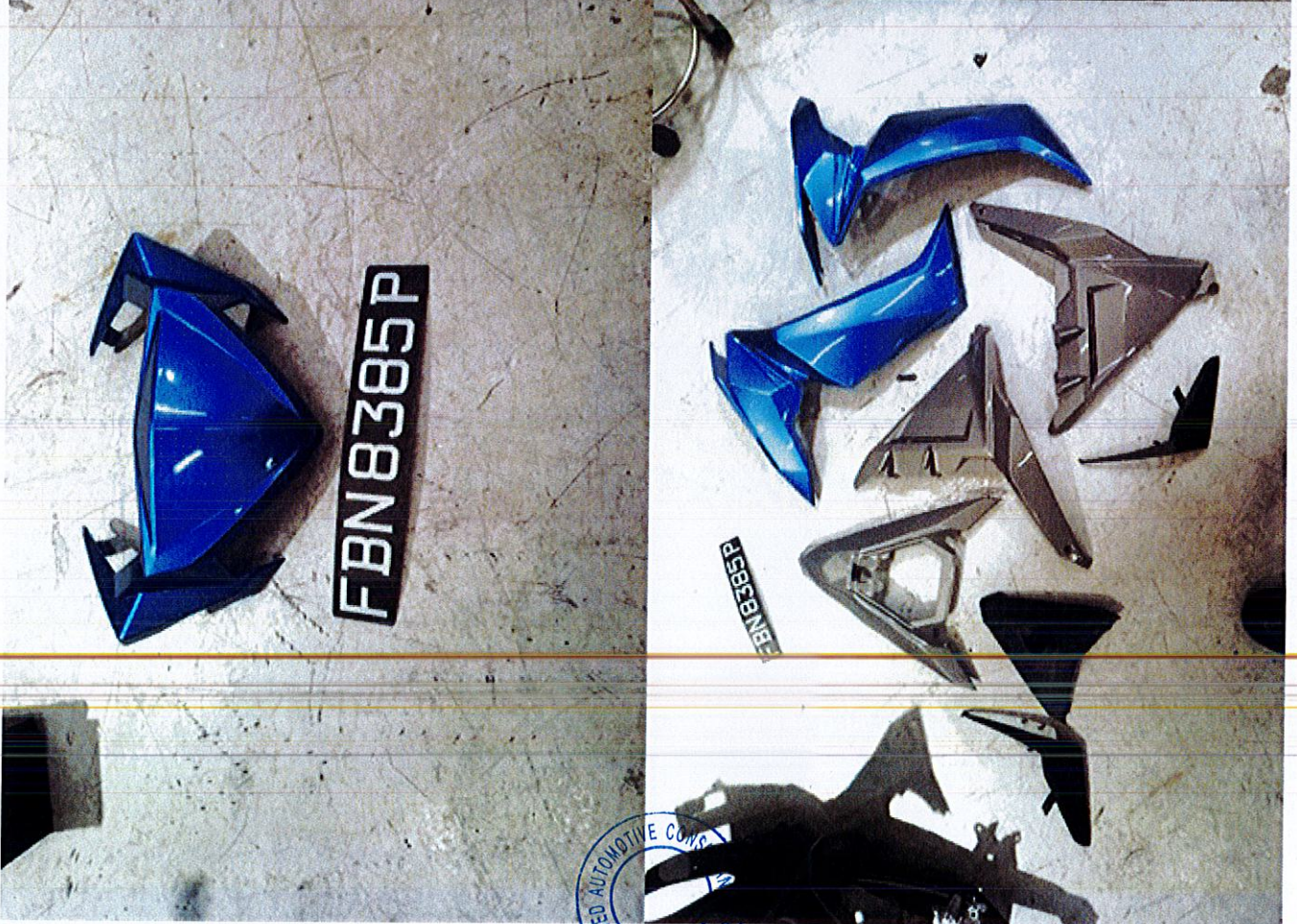


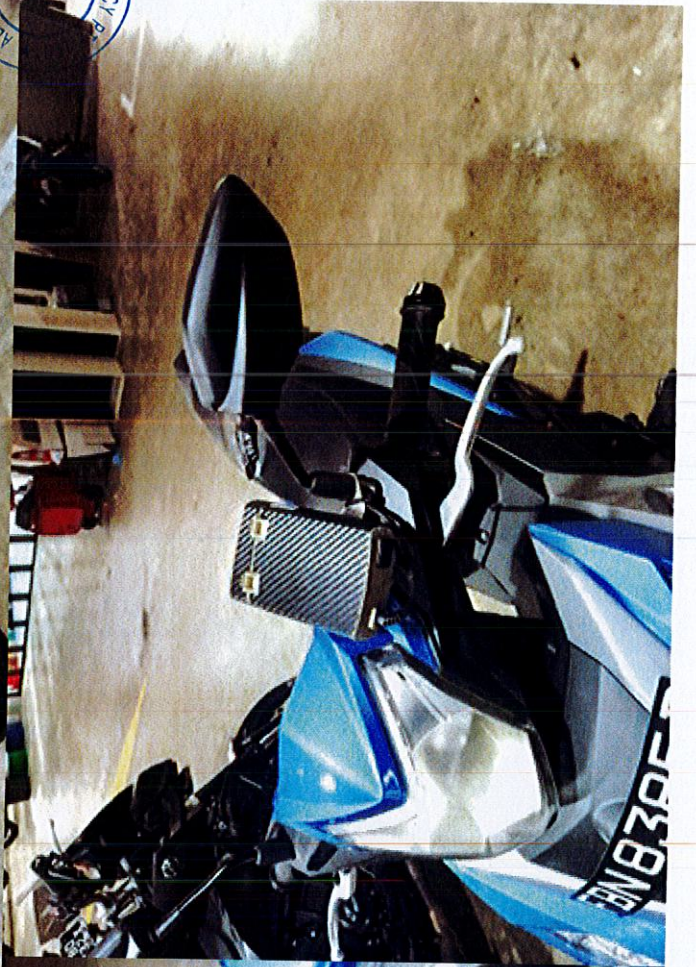


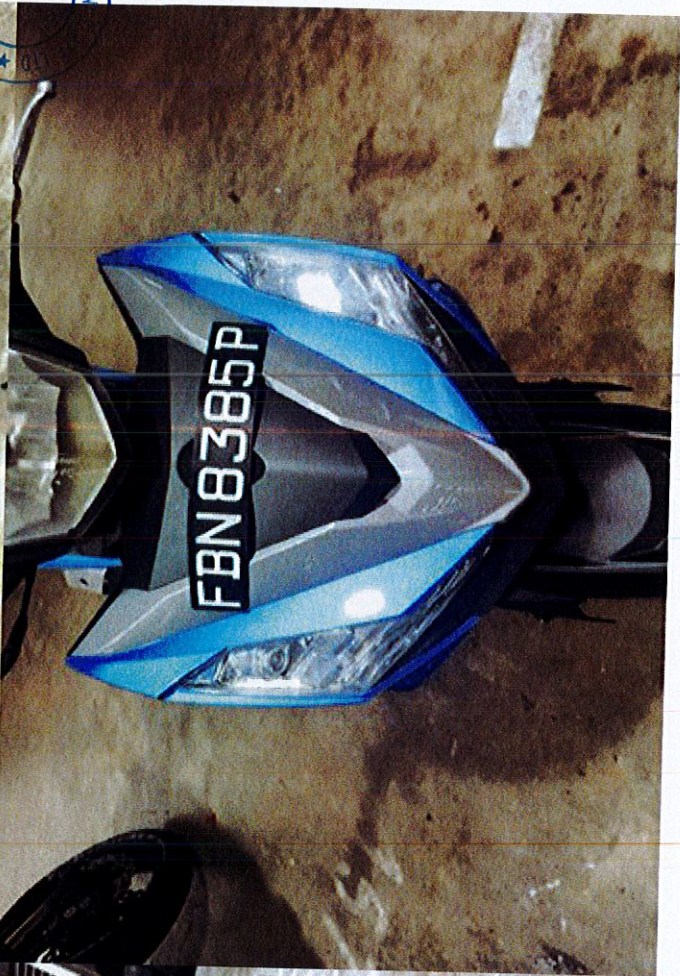


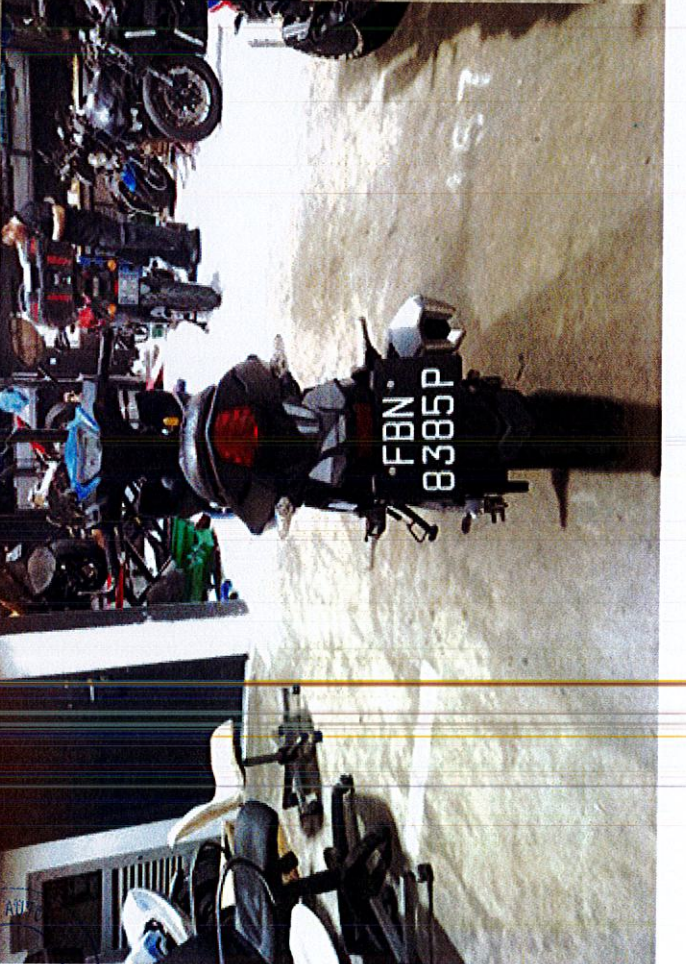














Thank you

You have successfully logged out.

Your last login date and time was 30 Jun 2022, 16:04:05.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. <small>1</small>	Asset Type <small>2</small>	Asset ID <small>3</small>	Transaction Type <small>4</small>	Transaction Amount(S\$) <small>5</small>
1	Vehicle	SHC8583X	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2022 15:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM CHIA SENG			Address: 631 BEDOK RESERVOIR ROAD #03-910 SINGAPORE 470631		
ID Type / ID No.: NRIC NO / S0454070J			Contact No.: Home/Office: Mobile: 90085002		
Nationality: SINGAPORE CITIZEN			Email: cyrus.sy@hotmail.com		
Sex: Male	Age: 73	Date of Birth: 02/07/1948	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salesman			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/06/2022 20:00	Type of Location: Straight Road
Location: BEDOK NORTH AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One 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	Conditio	No of
FBN8385P	Motorcycle	SYM	VF3I	Blue		0
SHC8583X	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220617/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8385P	NTUC Income Insurance Co-Operative Limited	5120270961-01	19/12/2021	18/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM CHIA SENG		ID No. S0454070J
Related Vehicle	FBN8385P (Motorcycle)		Contact No. 90085002
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	03/06/2022		Date 08/06/2022
No. of Days granted Medical Leave	22	Degree of	Serious

Brief Details.

On 02/06/2022 at about 2000hrs

I was riding my bike bearing plate FBN8385P along Bedok north ave 1 outside masjid al-ansar. I was going straight, suddenly I felt a great impact from my rear. After the accident, I was badly injured and unconscious that caused me did not take down the scene photo and taxi particulars. Luckily have a passerby wrote down the car plate for me (SHC8583X). Then I realized is a taxi collided onto me. I was conveyed to cgh and was discharged 1 week later with 22 days mc



**SINGAPORE
POLICE FORCE**



T/20220617/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220617/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
17/06/2022 15:34

Classification Of Case:



TAX INVOICE (Interim)

LIM CHIA SENG /

BILL REF. NO.
6922020952Z

BILL DATE
08 JUN 2022

LOCATION
W47R05C B17 /

HRN
692022020952Z

NRIC / FIN / MRN
S0454070J

ADMISSION DATE
03 JUN 2022 02:00 AM

DISCHARGE DATE

631 BEDOK RESERVOIR ROAD
#03-910 SINGAPORE 470631

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	9,531.49
GOVT SUBSIDY	\$	-7,019.93
TOTAL AMOUNT (BEFORE GST)	\$	2,511.56
7% GST	\$	175.81
GST absorbed by Govt	\$	-175.81
Transferred In Charges	\$	132.00
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	2,643.56
Payable by MEDISAVE	\$	-2,643.56
TOTAL AMOUNT PAYABLE	\$	0.00
Net Payment made	\$	0.00
FINAL AMOUNT PAYABLE	\$	0.00

\$ 0.00

FINAL AMOUNT PAYABLE

CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
WARD CHARGES	WARD (CLASS C) (6.0 day(s))	1,373.82	258.00
DAILY TREATMENT FEE	DAILY TREATMENT FEE (CLASS C) (6.0 day(s))	1,014.96	198.00
INVESTIGATIONS	LABORATORY INVESTIGATIONS	96.00	20.00
	X-RAY INVESTIGATIONS	446.50	90.50
	SPECIALISED INVESTIGATIONS	29.00	6.00
CONSUMABLES	CONSUMABLES - OT	784.50	393.50
	CONSUMABLES	471.78	289.78
MEDICATIONS	DRUGS / PRESCRIPTIONS / INJECTIONS	183.14	122.73
TREATMENT SERVICES	WARD PROCEDURES	852.00	275.00
DOCTORS' FEES	PROFESSIONAL FEES - DOCTOR	428.04	86.00
SURGICAL OPERATION	SA811S-2CM SA842S-3BM	3,851.75	772.05
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	9,531.49	
	GOVT SUBSIDY	-7,019.93	
	TOTAL AMOUNT (BEFORE GST)		2,511.56

Charges to be continued on page 2



TAX INVOICE (Interim)

BILL REF. NO.
6922020952Z

BILL DATE
08 JUN 2022

PATIENT NAME
LIM CHIA SENG

HRN
692022020952Z

NRIC / FIN / MRN
S0454070J

7% GST	175.81
GST absorbed by Govt (for subsidised patient only)	-175.81
A&E ATTENDANCE FEE (Transferred from Case No.: 6922354803A)	132.00
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	2,643.56

PAYMENT SUMMARY

TOTAL AMOUNT (AFTER GOVT SUBSIDY) 2,643.56

SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
OTHER SCHEMES		
• CGH LAB COVID19	-	0.00
MEDISHIELD LIFE		
• LIM CHIA SENG	S0454070J	0.00
MEDISAVE		
• ESTIMATED MEDISAVE CLAIMABLE AMOUNT	-	2,643.56
• LIM CHIA SENG	S0454070J	0.00
LIM CHIA SENG	S0454070J	0.00

LIM CHIA SENG TOTAL AMOUNT PAYABLE 0.00
Net Payment made 0.00

ref:LABCOV/CLABNCOV19

ref:MSH/MSHL

ST: P SN: S0454070J

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.

FINAL AMOUNT PAYABLE \$ 0.00

Payment Summary to be continued on page 3



TAX INVOICE (Interim)

BILL REF. NO.
6922020952Z

BILL DATE
08 JUN 2022

PATIENT NAME
LIM CHIA SENG ✓

HRN
692022020952Z

NRIC / FIN / MRN
S0454070J

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.

View your MediSave & MediShield Life claim details online with your SingPass at 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 > Employers > Services MediSave / MediShield Life Reimbursement.

Negative Pressure Wound Therapy Counselling

03.06.2022 02:00 INP 73/M/02.07.1948/CN

LIM CHIA SENG

S0454070J

6922020952Z

Ward/Bed No: 47/17



CGH

<input checked="" type="checkbox"/> Order raised and mark task completed	<input checked="" type="checkbox"/> Form received by PSA
<input checked="" type="checkbox"/> Informed PSA	<input checked="" type="checkbox"/> Service code is in SAP
Name of Nurse: <u>SW Shabirah</u>	Name of PSA: <u>PSA EARA FARLOSHA</u>
Date and Time: <u>8/6/22</u>	Date and Time: <u>8/6/2022 1400HRS</u>

Care Cost Discussion for Negative Pressure Wound Therapy

I confirm that I have been informed of the costs regarding therapy

Please tick appropriately.

	Service Code	Service Description	Ward Type	Charges (exclusive of GST)
<input checked="" type="checkbox"/>	TM5000	VAC THERAPY PLUS (WITH NURSE VISITS) <u>4 weeks</u>	<u>C</u>	<u>\$850.50 x 2 = \$1701.00</u>
<input type="checkbox"/>	TM5001	VAC THERAPY (WITHOUT NURSE VISIT)		
<input type="checkbox"/>	TM5002	1 WEEK HOME SNAP THERAPY (WITH HOME NURSE)		
<input type="checkbox"/>	TM5002A	1 WEEK HOME SNAP THERAPY (WITHOUT HOME NURSE)		
<input type="checkbox"/>	TM5003	2 WEEKS HOME SNAP THERAPY (WITH HOME NURSE)		
<input type="checkbox"/>	TM5003A	2 WEEKS HOME SNAP THERAPY (WITHOUT HOME NURSE)		

☒ I understand that this price counselled to me is subjected to subsidy eligibility.☒ I understand that the medical consumables are not refundable if not used.

SELF
Name and Signature of Patient/Next of Kin

PSA EARA FARLOSHA
Name and Signature of Ward PSA

8/6/2022


Date



ORIGINAL

MEDICAL CERTIFICATE

OTO202298049

Name LIM CHIA SENG		NRIC No. S0454070J
This is to certify that the above-named is unfit for duty for a period of <u>22</u> days from <u>03-Jun-2022</u> to <u>24-Jun-2022</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave Admitted on : <u>03-Jun-2022</u> Discharged on : <u>08-Jun-2022</u> <input type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave, Delivered 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 Degloving injury to forearm		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Ward 47 Orthopaedic Surgery Changi General Hospital 2 Simei Street 3 Singapore, 529889 Reg No. 198904226R	Ward No. CGH-W47 Date 08-Jun-2022	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  JONATHAN YEO , P3218G

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 02 Jun 2022 / 20:00:00)

Vehicle Insurance Details

Vehicle No.:

SHC8583X

Make Description/Model:

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20220630160512348816

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

Save as PDF

OK →

Print