

TAN LEE SIN
Tax Ref No. S7322410A

File Form B1 for YA 2019

Step 5/5 > Acknowledgement

Successful Transmission

Your Income Tax Return is being processed .

Name	TAN LEE SIN	Tax Ref No.	S7322410A
Acknowledgement No.	32715408	Date	13/03/2019 11:22:02

Total income as per Consolidated Statement S\$24,281.00

Total deduction/reliefs as per Consolidated Statement S\$6,532.00

Generally, most taxpayers should receive their Notice of Assessment by September .
You can view your Notice of Assessment at 'Notices/Letters' when it is finalised .

You are required to keep proper records and documents of the income, deductions and reliefs declared in your Income Tax Return for 5 years from this Year of Assessment . You do not need to send in your documents unless listed below .

Making changes to your filing

Please note that you are only allowed to re-file once .

Please re-file within the next 14 days or by 18 April, whichever is earlier .

- Login to myTax Portal
- On the top menu, click Individuals and select File Individual Income Tax Form B/ B1
- Follow the instructions shown on the screen to re-file

How to Pay Your Tax?

- Apply GIRO** to enjoy up to 12 monthly interest-free instalments or

Tax Reference No : SXXXX410A
Year of Assessment : 2018
Income Tax
Date : 18 May 2018

**NOTICE OF ASSESSMENT
ORIGINAL**



INLAND REVENUE
AUTHORITY OF
SINGAPORE

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us.

MR TAN LEE SIN
53 NEW UP CHANGI RD
#08-1480
SINGAPORE 461053



55 Newton Road
Revenue House
Singapore 307987
Tel: 1800-356 8300
Website: <http://www.iras.gov.sg>
e-Services: <https://mytax.iras.gov.sg>

1-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
EMPLOYMENT	24,960.00		24,960.00
TOTAL INCOME	24,960.00		24,960.00
ASSESSABLE INCOME			24,960.00
LESS: PERSONAL RELIEFS			
Earned Income		1,000.00	
NSman-self/wife/parent		1,500.00	
Provident Fund/Life Insurance		4,032.00	
TOTAL PERSONAL RELIEFS			6,532.00
CHARGEABLE INCOME			18,428.00
TAX PAYABLE			0.00

1. Your tax assessment is based on information given by you through e-Filing on 05 Mar 2018.

2. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

NG WAI CHOONG
COMPTROLLER OF INCOME TAX



CONFIDENTIAL

Patient Information

Date: 01 Apr 2019
To: Maid application

Name: GOH AH CHOO
NRIC: SXXXX696G
Date of Birth: 05 Apr 1936 Sex: Female

Memo

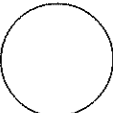
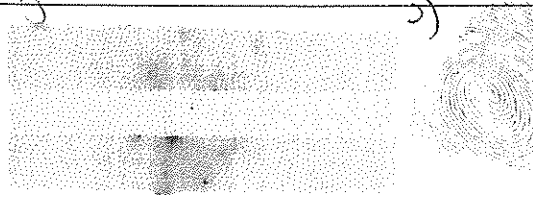
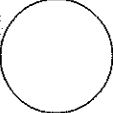

To Whom May Concern,

Mdm. Goh Ah Choo, was admitted to Changi General Hospital from 21st March to 27th March 2019 for her recent illness. She definitely needs the carer for her activities of daily living. Please kindly help for the application of maid.

Thanks.

Best Regards,
Dr Than Htike Aung
Resident Physician
Geriatric Medicine Department
Changi General Hospital

SPECIAL INSTRUCTIONS

SIGNATURE/THUMB IMPRESSION	WITNESSED BY  -----
	WITNESSED BY   -----

A/C NO : 136-44522-7 TYPE: Joint/Alternate
GOH AH CHOO
NAME : TAN LEE SIN
S07956966
NRIC NO : S7322410A



230918 AWL		1,000.00	*****30,172.40	6PEC
311218 INT	15.43		*****30,187.83	6PEC
310319 AWL		50.00	*****30,137.83	6PR3
010419 AWL		1,000.00	*****29,137.83	6PR3

\$37+

SECTION B: TO BE COMPLETED BY ASSESSOR (i.e. SMC FULLY REGISTERED DOCTOR, SNB REGISTERED NURSE OR FULLY REGISTERED PHYSIOTHERAPIST / OCCUPATIONAL THERAPIST UNDER AHPC)

FUNCTIONAL ASSESSMENT

(if no patient's sticky label)

Name of Patient : GOH AH CHOO

NRIC/BC : S07956969

Patient's Sticky Label
(where applicable)

1 Activities of Daily Living (ADLs)*

		Requires help/supervision from an assistant.	Independent – No help is required.
i	Mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii	Washing or Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii	Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv	Feeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v	Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vi	Transferring	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2 Comments

Please estimate when the assistance with the ADLs first started. 05 / 2017 (MM/YYYY)

If the onset of the assistance with ADLs is less than 6 months ago, please indicate whether the need for assistance will be required for at least another 6 months.

☒ **Yes, required for another 6 months** ☐ **No**

Additional Comments (e.g. whether the need for assistance is of permanent nature, or unlikely to require permanent assistance due to recovery potential): need for assistance is of permanent nature.

I confirm that the assessment done for the above applicant is true and correct to my best knowledge, and with reference to the declaration made by the applicant in Section A. I am aware that the assessment for this application will serve as reference only. The Scheme Administrator reserves the right to make the final decision on the application outcome and reject any application if the information provided to be inaccurate, or if any relevant information has been withheld by the applicant.

Manpreet Kaur
Registered Nurse

Ward 57, level 7
The Integrated Building
Changi General Hospital
2 Simei Street 3
Singapore 529889
Red NP Form 2017
/ Hospital

Name, Registration No. & Signature of Assessor

Stamp of Organisation / Clinic / Hospital

01/01/19

Date

64268570

Tel / Fax Nos.

Important Note: Assessor must sign against any amendment made and affix the official stamp of the organisation / clinic / hospital. If not, the report will be deemed to be incomplete.

*** Notes for Assessor**

- Washing or Bathing** Needs help to wash body (excluding back) in the bath, shower or sponge/bed bath. Includes subcomponents of washing, rinsing and drying.
- Dressing** Needs help to put on, take off, secure and unfasten garments (upper and lower) and any braces, artificial limbs or other surgical appliances.
- Feeding** Needs help to feed oneself after food has been prepared and made available.
- Toileting** Needs help to use the toilet and manage bowel and bladder hygiene. Consists of (i) maintenance of balance during the act of urination or defecation and clothing adjustment, and (ii) maintaining perineal hygiene such as using toilet paper to clean the perineum. Independent of actual bowel or bowel functions e.g. incontinence. Does not include changing of long-term indwelling catheter under toiletina.
- Transferring** Needs help to transfer from bed to an upright chair or wheelchair, and vice versa. Includes sit-up from a lying position, a sit to standing position, a weight or pivot shift and a controlled descent to a sitting position in another location.
- Mobility** Needs help to walk indoors or move in a wheelchair from room to room on level surface for about 8 meters (about twice the length of a clinic). This is regardless of the use of walking aid and the speed of walking.

Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name:	GOH AH CHOO	Admission Date:	21 Mar 2019
MRN:	S0795696G	Clinical Discharge Date:	27-Mar-2019
	Gender: Female	Clinical Discharge Type:	Planned Discharged
Date of Birth:	05 Apr 1936	Length of Stay:	6 day(s)
Address:	Blk/Hse:53, Level/Unit:08-1480 NEW UPPER CHANGI ROAD . Singapore 461053	Account:	6919020576A
		Principal Doctor:	Chew Teong Huang Samuel (16156Z)
		Dept/Location/Class:	GER / CGH-IB-W57-0003-12A / CLASS C

Patient's Copy

Diagnosis

Principal: Orthostatic hypotension

Secondary:

Drug Allergy Data

No Known Allergies

Medication Prescribed

DISCHARGE MEDICATION(S):

- Alendronic Acid Tablet PO 70 mg, 1 time per week -- For 150 Days
- Escitalopram Tablet PO 20 mg, ON -- For 150 Days
- Colecalciferol [Vitamin D3] Capsule/Tablet PO 1,000 unit, OM -- For 150 Days
- Midodrine HCl Tablet PO 10 mg, Use as directed -- For 150 Days 7am
- Midodrine HCl Tablet PO 5 mg, Use as directed -- For 150 Days 11am
- Zopiclone Tablet PO 7.5 mg, Use as directed -- For 150 Days serve at 10pm
- Macrogol 4000 [ForLAX] Oral Powder PO 1 sachet, OM -- For 150 Days
- Sennosides 7.5mg Tablet PO 2 tablet, ON -- For 150 Days
- Tears Naturelle II Eye Drop Ophthalmic 1 drop to BOTH, QDS PRN Dry Eyes -- For 150 Days Apply regularly to both eyes for dry eyes
- Calcium Carbonate Tablet PO 625 mg, BD -- For 150 Days for calcium supplementation. serve with/after food.
- Midodrine HCl Tablet PO 2.5 mg, Use as directed -- For 150 Days 3PM

Care Plan

Started on midodrine --> to come back in 1 week to GMC to review postural BP
TCU Geriatrics Dr Samuel Chew old date

Completed By: Hong Rilong (60849A)

27 Mar 2019 12:21

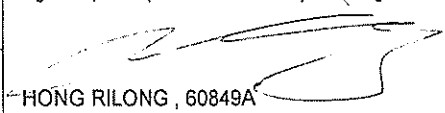
Ward 57, level 7
The Integrated Building
Changi General Hospital
2 Simei Street 3
Singapore 529889
Reg No 198904226R



ORIGINAL

MEDICAL CERTIFICATE

GER201959010

Name GOH AH CHOO		NRIC No. S0795696G
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>21-Mar-2019</u> to <u>27-Mar-2019</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>21-Mar-2019</u>	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : <u>27-Mar-2019</u>	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Geriatric Medicine Changi General Hospital	Ward No. CGH-IB-W57 Date 27-Mar-2019	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  HONG RILONG, 60849A

Ward 57, level 7
The Integrated Building
Changi General Hospital
2 Simei Street 3
Singapore 529889
Reg No 198904226R



S0795696G

APPOINTMENT INFORMATION

GOH AH CHOO
* 6 TAMPINES STREET 73
#02-04 PINEVALE
SINGAPORE 528825

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
30-10-2019 Wednesday	3:15 pm	Geriatric Medicine Centre, The Integrated Building, Level 2, CGH	GERIATRIC MEDICINE	CHEW TEONG HUANG SAMUEL	• Arrive at 2:15pm for test(s)/procedure(s)

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