



JAPAN GREEN HOSPITAL PTE LTD  
d/b/a JAPAN GREEN CLINIC  
Business Reg. No. 198202313G  
GST Reg No. A12 0053988 5

RECEIVED 11 JUL 2025

290 Orchard Road  
#10-01 Paragon Singapore 238859  
Billing Enquiry: 6734 8871  
Email: reception@japan-green.com.sg

## Tax Invoice

To : PRESTIGE INTERNATIONAL (S) PTE LTD  
583 ORCHARD ROAD #09-03 FORUM  
SINGAPORE 238884

Invoice No.: IV-098726  
Invoice Date: 04 Jul 2025  
Doctor: DR UMESATO KAZUYA

Patient: FUJIWARA (XXXXX574R) Ref. No.: PT-008985

Items	Total (S\$)
Health Check-up B course \$898 - Faeces-Occ.Blood \$20.00 + MC	\$905.00
Audiometry \$27.00	

Sub Total \$905.00

Patient Share \$0.00

9.00% GST \$0.00

Total Patient Share \$0.00

PRESTIGE INTERNATIONAL (S) PTE LTD Co-Payment Share \$905.00

9.00% GST \$81.45

Total PRESTIGE INTERNATIONAL (S) PTE LTD Share \$986.45

**PRESTIGE INTERNATIONAL (S) PTE LTD Outstanding Balance \$986.45**

Remarks: HEALTH EXAMINATION

### Payment Terms and Instruction:

- Immediate payment upon receipt of invoice.
- Strictly 30 days credit for corporate with credit arrangement.
- 1.5% interest chargeable a month or part thereof for all overdue account
- Please quote invoice number upon payment or email advice to jghacc@japan-green.com.sg
- Overseas remittance to be remitted in Singapore Currency. ALL local and overseas bank & incidental charges should be borne by the remitter.
- No receipt will be issued less upon request at point of making payment.

### Mode of payment:

- Bank Transfer & Remittance: MUFG Bank Ltd, Swift Code: BOTKSGSX, SGD Account: 015611
- PayNow: UEN 198202313G
- Cheque: crossed and payable to JAPAN GREEN HOSPITAL PTE LTD.

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<健康保険組合・保険会社・勤務先企業 御中>

私および扶養家族は、当該治療に関する健康保険組合、保険会社、勤務先企業(以下、健康保険組合等という)への治療費請求を、私を治療した医療機関・医師、ならびに株式会社プレステージ・インターナショナルに委任します。

また、私および扶養家族を治療したすべての医療関係者が私および扶養家族のすべての治療記録を、株式会社プレステージ・インターナショナルを通じて健康保険組合等へ提供すること、ならびに健康保険組合等から私が治療を受けた海外の医療機関等に文書等により当申請内容を照会することに同意します。

■被保険者(受診者)番号: 7N2024830-00 ■医療機関名: JGH  
 ■受診者氏名(ローマ字): Fujinawa (男/女) 生年月日: 1995 / 4 / 27  
 ■会社名: HITACHI BUILDING SYSTEM CO. LTD.  
 ■医療費用(現地通貨): \_\_\_\_\_  
 ■発病又は負傷年月日: 1 / 1 / 1 ■受診年月日: 4 JUL 2025  
 ■療養給付を受けられなかった理由: 海外赴任のため  
 ■疾病又は傷害の内容(傷病が第三者の行為によるものであるときにはその事実並びに第三者の住所氏名)  
1. 腰痛 診断  
 ■現地住所: 8 Clementi Ave 1, #28-17, CLEVER, Singapore 129964  
 ■電話: 9656-2934  
 ■被保険者(従業員)署名(直筆): 藤澤  
☒ Claim Form Patient Signature (Japanese Character/漢字・楷書体)  
 →duly completed original per visit/treatment

療養費申請ならびに受領を受任いたしました。  
 〒102-0083 東京都千代田区麹町 2-4-1  
 株式会社プレステージ・インターナショナル

ATTENDING PHYSICIAN'S STATEMENT(担当医師記入欄)

- Name of patient FUJINAWA Age (Date of birth) 1995 / 4 / 27 Sex (M / F)
- Diagnosis HEALTH EXAM.
- Date of symptom first appeared ( / / )
- Date of first visit for this condition ( / / )
- Type of treatment and date of service  
☐ Hospitalization: From ( / / ) to ( / / ) ( days)  
☐ Outpatient or home visit ( 4 / 7 / 25 ) ( / / ) ( / / ) ( / / )
- Prescription, operation and any other treatment \_\_\_\_\_
- Any other disease or infirmity affecting present condition? Yes / No
- Any known past treatment for this sickness / injury before? Yes / No
- Is this symptom related to dental disease or pregnancy / miscarriage? Yes / No
- Continuous treatment for chronic disease? Yes / No
- Itemized amounts paid to hospital and/or attending physician  
 (1) Consultation & treatment \_\_\_\_\_ (2) Hospitalization \_\_\_\_\_  
 (3) Operation \_\_\_\_\_ (4) Laboratory tests \_\_\_\_\_  
 (5) Medicines \_\_\_\_\_ (6) Others (specify) \_\_\_\_\_  
 Total \_\_\_\_\_

Important: Exclude the amount irrelevant to the treatment, I.E., payment for a luxurious room charge.

12. Name and address of attending physician / superintendent of hospital or clinic

Name: DR. UMESATO KAZUYA  
 Address: JAPAN GREEN CLINIC  
 Date: 5 JUL 2025 Signature: 290, Orchard Road #10-01 Paragon  
Singapore 238355  
Tel: 6794 8871





**JAPAN GREEN HOSPITAL PTE LTD**  
**d/b/a JAPAN GREEN CLINIC**  
Business Reg. No. 198202313G  
GST Reg No. : M2-0053988-5

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## Tax Invoice

To: PRESTIGE INTERNATIONAL (S) PTE LTD  
583 ORCHARD ROAD #09-03 FORUM  
SINGAPORE 238884

Invoice No.: IV-098765  
Invoice Date: 04 Jul 2025  
Doctor: DR ISHIDA TAKASHI

Patient: HAMAOKA (XXXXX675K) Ref. No.: PT-007128

Items	Total (\$S)
Administrative Charge	\$23.00
Consultation Follow-up	\$87.00
Medicine Administration	\$34.00
CETIRIZINE HCL 10MG	\$8.60
KLACID 250MG TABLET	\$80.90
MUCOSTA TABLET 100MG	\$60.90
SINGULAIR 10MG TABLET	\$69.70

Sub Total \$364.10

Patient Share \$0.00

9.00% GST \$0.00

Total Patient Share \$0.00

PRESTIGE INTERNATIONAL (S) PTE LTD Co-Payment Share \$364.10

9.00% GST \$32.77

Total PRESTIGE INTERNATIONAL (S) PTE LTD Share \$396.87

### Payment Terms and Instruction:

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- 1.5% interest chargeable a month or part thereof for all overdue account.
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**d/b/a JAPAN GREEN CLINIC**

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**PRESTIGE INTERNATIONAL (S) PTE LTD Outstanding Balance      \$396.87**

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## ＜健康保険組合・保険会社・勤務先企業 御中＞

私および扶養家族は、当該治療に関する健康保険組合、保険会社、勤務先企業（以下、健康保険組合等という）への治療費請求を、私を治療した医療機関・医師、ならびに株式会社プレステージ・インターナショナルに委任します。

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■被保険者(受診者)番号: 759196090-01 ■医療機関名: ジャパングリーンクリニック  
 ■受診者氏名(ローマ字): Hamada (男女) 生年月日: 1965/9/11/  
 ■会社名: (株)日亜照明システム  
 ■医療費用(現地通貨):  
 ■発病又は負傷年月日: 24 JUN / 2025/ ■受診年月日: 24 JUL 2025 /  
 ■療養給付を受けられなかった理由: 海外赴任のため  
 ■疾病又は傷害の内容(傷病が第三者の行為によるものであるときにはその事実並びに第三者の住所氏名)

■現地住所: 301 Bukit Ho Swee, Meraprima #3b-03  
 ■電話: 91046445

■被保険者(従業員)署名(直筆): 濱田  
☒ Claim Form Patient Signature (Japanese Character/漢字・楷書体)  
 →duly completed original per visit/treatment

療養費申請ならびに受領を受任いたしました。  
 〒102-0083 東京都千代田区麹町 2-4-1  
 株式会社プレステージ・インターナショナル

## ATTENDING PHYSICIAN'S STATEMENT(担当医師記入欄)

- Name of patient: HAMADA Age (Date of birth): 1965/9/11 Sex (M/F) (F)
- Diagnosis: Acute BRONCHITIS
- Date of symptom first appeared: 20/6/25
- Date of first visit for this condition: 24/6/25
- Type of treatment and date of service
  - ☐ Hospitalization: From ( )/ ( )/ ( ) to ( )/ ( )/ ( ) ( ) days
  - ☐ Outpatient or home visit (4/7/25) ( )/ ( )/ ( ) ( )/ ( )/ ( )
- Prescription, operation and any other treatment
- Any other disease or infirmity affecting present condition? Yes (No)
- Any known past treatment for this sickness / injury before? Yes (No)
- Is this symptom related to dental disease or pregnancy / miscarriage? Yes (No)
- Continuous treatment for chronic disease? Yes (No)
- Itemized amounts paid to hospital and/or attending physician
 

(1) Consultation & treatment	(2) Hospitalization
(3) Operation	(4) Laboratory tests
(5) Medicines	(6) Others (specify)
Total	

Important: Exclude the amount irrelevant to the treatment, I.E., payment for a luxurious room charge.

12. Name and address of attending physician / superintendent of hospital or clinic

Name: DR ISHIDA TAKASHI  
 Address: JAPAN GREEN CLINIC  
 Date: 5 JUL 2025  
 290, Orchard Road #10-01 Paragon  
 Singapore 238859  
 Tel: 6734 8871



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## Tax Invoice

To : PRESTIGE INTERNATIONAL (S) PTE  
LTD  
583 ORCHARD ROAD #09-03 FORUM  
SINGAPORE 238884

Invoice No.: IV-098865  
Invoice Date: 07 Jul 2025  
Doctor: DR LIU JIAYING

Patient: SAITO (XXXXX008P)

Ref. No.: 063374

Items	Total (\$S)
Administrative Charge	\$23.00
ENT Consultation Follow-up (Long)	\$395.00
Medicine Administration	\$34.00
Nozzle + Co phenylcain	\$30.00
Nasoendoscopy ( Review)	\$290.00
DYMISTA NASAL SPRAY	\$357.20

Sub Total \$1,129.20

Patient Share \$0.00

9.00% GST \$0.00

Total Patient Share \$0.00

PRESTIGE INTERNATIONAL (S) PTE LTD Co-Payment Share \$1,129.20

9.00% GST \$101.63

Total PRESTIGE INTERNATIONAL (S) PTE LTD Share \$1,230.83

**PRESTIGE INTERNATIONAL (S) PTE LTD Outstanding Balance \$1,230.83**

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## &lt;健康保険組合・保険会社・勤務先企業 御中&gt;

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■被保険者(受診者)番号: 353091111-00

■医療機関名: Japan Green Clinic

■受診者氏名(ローマ字): Saito

(男/女) 生年月日: 1984/10/3

■会社名: Hitachi Asia

■医療費用(現地通貨):

■発病又は負傷年月日: / /

■受診年月日: -7 JUL 2025 / /

■療養給付を受けられなかった理由: 海外赴任のため

■疾病又は傷害の内容(傷病が第三者の行為によるものであるときにはその事実並びに第三者の住所氏名)

■現地住所: 33 Leonie Hill Rd, #12-14 OUE Twin Peaks 239197

■電話: 9239-4105

■被保険者(従業員)署名(直筆): 齋藤

☑ Claim Form Patient Signature (Japanese Character/漢字・楷書体)

→duly completed original per visit/treatment

療養費申請ならびに受領を受任いたしました。  
〒102-0083 東京都千代田区麹町 2-4-1  
株式会社プレステージ・インターナショナル

## ATTENDING PHYSICIAN'S STATEMENT(担当医師記入欄)

1. Name of patient Saito Age (Date of birth) 1984/10/03 Sex (M / F)

2. Diagnosis Allergic Rhinitis Rhinitis

3. Date of symptom first appeared (09/06/25)

4. Date of first visit for this condition (09/06/25)

5. Type of treatment and date of service

☐ Hospitalization: From ( / / ) to ( / / ) ( days)

☑ Outpatient or home visit (07/07/2025) ( / / ) ( / / ) ( / / )

6. Prescription, operation and any other treatment

7. Any other disease or infirmity affecting present condition?

Yes / No

8. Any known past treatment for this sickness / injury before?

Yes / No

9. Is this symptom related to dental disease or pregnancy / miscarriage?

Yes / No

10. Continuous treatment for chronic disease?

Yes / No

11. Itemized amounts paid to hospital and/or attending physician

(1) Consultation &amp; treatment

(2) Hospitalization

(3) Operation

(4) Laboratory tests

(5) Medicines

(6) Others (specify)

Total

Important: Exclude the amount irrelevant to the treatment, I.E., payment for a luxurious room charge.

12. Name and address of attending physician / superintendent of hospital or clinic

Name:

DR. LIU JIAYING

Address:

JAPAN GREEN CLINIC

Date:

- 8 JUL 2025

Signature:

290, Orchard Road #10-01 Paragon

Singapore 238859

Tel: 6734 8871





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## Tax Invoice

To : PRESTIGE INTERNATIONAL (S) PTE LTD	Invoice No.:	IV-098759
583 ORCHARD ROAD #09-03 FORUM	Invoice Date:	04 Jul 2025
SINGAPORE 238884	Doctor:	DR LOH BAN CHYE

Patient: WANG (XXXXX978W) Ref. No.: 844070

Items	Total (S\$)
Administrative Charge	\$23.00
Consultation Follow-up	\$87.00

Sub Total \$110.00

Patient Share \$0.00

9.00% GST \$0.00

Total Patient Share \$0.00

PRESTIGE INTERNATIONAL (S) PTE LTD Co-Payment Share \$110.00

9.00% GST \$9.90

Total PRESTIGE INTERNATIONAL (S) PTE LTD Share \$119.90

**PRESTIGE INTERNATIONAL (S) PTE LTD Outstanding Balance \$119.90**

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WJ



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■被保険者(受診者)番号: 353101047-00 ■医療機関名: JAPAN GREEN CLINIC  
 ■受診者氏名(ローマ字): WANG (男 女) 生年月日: 1983/2/13  
 ■会社名: METACH VANTARA  
 ■医療費用(現地通貨): \_\_\_\_\_  
 ■発病又は負傷年月日: 2025/7/4 ■受診年月日: 1-4 JUL 2025  
 ■療養給付を受けられなかった理由: 海外赴任のため  
 ■疾病又は傷害の内容(傷病が第三者の行為によるものであるときにはその事実並びに第三者の住所氏名)  
Rhinitis  
 ■現地住所: 1 Jln Membina, Singapore 169478  
 ■電話: 9385 0860  
 ■被保険者(従業員)署名(直筆): [Signature]  
☒ Claim Form Patient Signature (Japanese Character/漢字・楷書体)  
 →duly completed original per visit/treatment

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 株式会社プレステージ・インターナショナル

## ATTENDING PHYSICIAN'S STATEMENT(担当医師記入欄)

- Name of patient WANG Age (Date of birth) 1983/2/13 Sex (M) / F
- Diagnosis Acute SINUSITIS
- Date of symptom first appeared (24/6/25)
- Date of first visit for this condition (30/6/25)
- Type of treatment and date of service  
☐ Hospitalization: From (\_\_\_\_/\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_/\_\_\_\_) (\_\_\_\_ days)  
☐ Outpatient or home visit (4/7/25) (\_\_\_\_/\_\_\_\_/\_\_\_\_) (\_\_\_\_/\_\_\_\_/\_\_\_\_) (\_\_\_\_/\_\_\_\_/\_\_\_\_)
- Prescription, operation and any other treatment \_\_\_\_\_
- Any other disease or infirmity affecting present condition? Yes (No)
- Any known past treatment for this sickness / injury before? Yes (No)
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 (5) Medicines \_\_\_\_\_ (6) Others (specify) \_\_\_\_\_  
 Total \_\_\_\_\_

Important: Exclude the amount irrelevant to the treatment, I.E., payment for a luxurious room charge.

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Name: DR. LOH BAN CHYE  
 Address: JAPAN GREEN CLINIC  
 Date: 5 JUL 2025 Signature: [Signature]  
290, Orchard Road #10-01 Paragon  
Singapore 238859  
Tel: 6734 8871