



JAPAN GREEN HOSPITAL PTE LTD
d/b/a JAPAN GREEN CLINIC
Business Reg. No. 198202313G
GST Reg No. M2 0353908 S

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 | Invoice No.: | IV-098726 |
| 583 ORCHARD ROAD #09-03 FORUM | Invoice Date: | 04 Jul 2025 |
| SINGAPORE 238884 | Doctor: | DR UMESATO KAZUYA |

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

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

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.

<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: | <u>DN2024830-00</u> | ■医療機関名: | <u>JGH</u> |
| ■受診者氏名(ローマ字): | <u>Fujinara</u> | (男 女) | <u>男</u> |
| ■会社名: | <u>HITACHI BUILDING SYSTEM CO., LTD.</u> | | |
| ■医療費用(現地通貨): | | | |
| ■発病又は負傷年月日: | <u>1 / 1 / 1</u> | ■受診年月日: | <u>4 / JUL 2025</u> |
| ■療養給付を受けられなかった理由: | <u>海外赴任のため</u> | | |
| ■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はその事実並びに第三者の住所氏名) | <u>15床診療</u> | | |
| ■現地住所: | <u>8 Clementi Ave 1, #28-17, CLAVON, Singapore 129964</u> | | |
| ■電話: | <u>9656-2934</u> | | |
| ■被保険者(従業員)署名(直筆): | <u>藤原</u> | | |
| <input checked="" type="checkbox"/> 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)

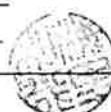
1. Name of patient FUJINARA Age (Date of birth) 1995 / 4 / 27 Sex (M/F) M
2. Diagnosis HEALTH EXAM
3. Date of symptom first appeared (/ /)
4. Date of first visit for this condition (/ /)
5. Type of treatment and date of service
 - Hospitalization: From (/ /) to (/ /) (days)
 - Outpatient or home visit (4 / 7 / 25) (/ /) (/ /) (/ /)
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 & 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. UMESETO KAZUYA
 Address: JAPAN GREEN CLINIC
 Date: - 5 JUL 2025 Signature: 290, Orchard Road #10-01 Paragon
Singapore 238859
 Tel: 6734 8871



RECEIVED 11 JUL 2025



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

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 | Invoice No.: | IV-098765 |
| 583 ORCHARD ROAD #09-03 FORUM | Invoice Date: | 04 Jul 2025 |
| SINGAPORE 238884 | Doctor: | DR ISHIDA TAKASHI |

| Patient: HAMAOKA (XXXXX675K) | Ref. No.: PT-007128 |
|---|---------------------|
| Items | Total (\$\$) |
| 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:

- 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.



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

RECEIVED 11 JUL 2025

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

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

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Mode of payment:

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

海外療養費支給申請書兼委任同意書

✓ Digital Card Checked

改定日: 2016年4月1日

<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: | 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): | Hanako | (男女) | 生年月日: (965) 9 / 11 / |
| ■会社名: | (株) 日立ソリューションズ | | |
| ■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 Bulit Ho Swee, Meraprim #36-03 | | |
| ■電話: | 91046445 | | |
| ■被保険者(従業員)署名(直筆): | 三瀬園 | | |
| <input checked="" type="checkbox"/> 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 HANAKA Age (Date of birth) 1965/9/11 Sex (M F)
2. Diagnosis Acute BRONCHITIS
3. Date of symptom first appeared 20/6/25
4. Date of first visit for this condition 24/6/25
5. Type of treatment and date of service
 - Hospitalization: From / / to / / (days)
 - Outpatient or home visit 24/7/25 (/ /) (/ /) (/ /)
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 & 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: _____

Address: _____ DR ISHIDA TAKASHI

Date: 5 JUL 2025 Signature: JAPAN GREEN CLINIC

290, Orchard Road #10-01 Paragon

Singapore 238859

Tel: 6734 8871





JAPAN GREEN HOSPITAL PTE LTD
d/b/a JAPAN GREEN CLINIC
 Business Reg. No. 198202313G
 GST Reg No.: M2-005396B-G

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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-098865 |
| | Invoice Date: 07 Jul 2025 |
| | Doctor: DR LIU JIAYING |

Patient: SAITO (XXXXXX008P) Ref. No.: 063374

| Items | Total (\$\$) |
|-----------------------------------|--------------|
| 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

Payment Terms and Instruction:

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- Strictly 30 days credit for corporate with credit arrangement.
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- PayNow: UEN 198202313G
- Cheque: crossed and payable to JAPAN GREEN HOSPITAL PTE LTD.

2

<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: 353091111-00

■医療機関名: Japan Green Clinic

■受診者氏名(ローマ字): Saito

(男) 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)

くしゃみ、鼻水、アレルギー症状

■現地住所: 33 Leonie Hill Rd, #12-14 0OE Fun Peaks 239197

■電話: 9239-4103

■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) ♂

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

Yes / No

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 & 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: 08 JUL 2025

290, Orchard Road #10-01 Paragon

Signature: Singapore 238859

Tel: 6734 8871





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

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 | 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 (\$\$) |
|--|--------------|
| 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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WY

<健康保険組合・保険会社・勤務先企業 御中>

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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) 生年月日: 1983/2/13

■会社名: HITACHI VANTARA

■医療費用(現地通貨):

■発病又は負傷年月日: 2025/4/7 ■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): 18610

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 WANG Age (Date of birth) 1983/2/13 Sex (M/F)

2. Diagnosis Acute SINUSITIS

3. Date of symptom first appeared 2025/4/7

4. Date of first visit for this condition 2025/4/7

5. Type of treatment and date of service

Hospitalization: From () to () (days)

Outpatient or home visit () () () () () ()

6. Prescription, operation and any other treatment

Yes No

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 & 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. LOH BAN CHYE

Address: _____

JAPAN GREEN CLINIC

Date: 5 JUL 2025

Signature: _____

290, Orchard Road #10-01 Paragon

Singapore 238859

Tel: 6734 8871