

Win Zar Hlaing

last seen recently



July 10

ညီမလေး IS/MC ကပါ ရှင့်အမ

IS Service team က Tun Aung Kyaw အလုပ်လုပ်ရင်း လက်ထိမိသွားလို့ပါ အမ

.. ဆေးပိုးကတော့ 102500MMKကျပါတယ်ရှင့်...အဲဒါလေး

Monthly Budget ထဲမပါသွားလို့ပါရှင့် အမ အဲဒါလေး ညှိသုံးရမလားလို့ပါအမ..



9:24 AM

LIMG ACCIDENT CLAIM REQUEST FORM

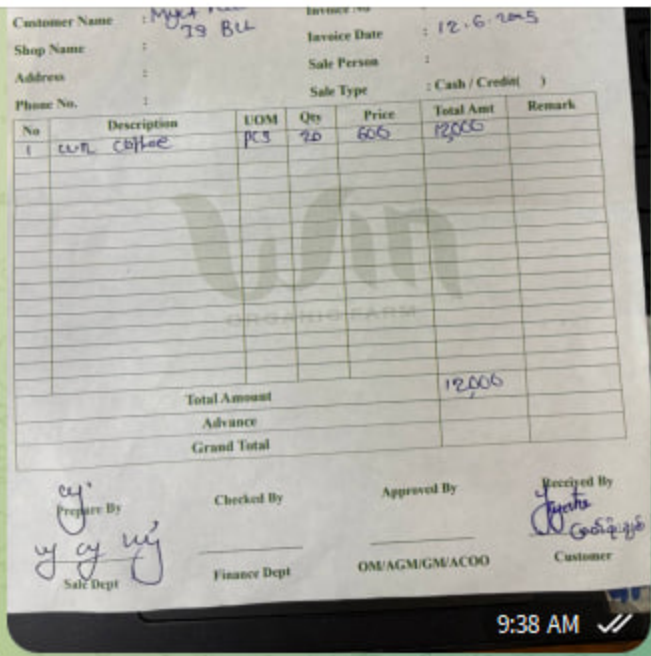
Request Date	20-6-2025
Employee Name	Tun Aung Kyaw
ED No.	14434
Join Date	28-Jul-2022
Position	MC DP
Department	Service
Business	Industrial System
SSD Contribution	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Written Off/On Working Time at Hit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Injury Date	9-Apr-2025
Time of Injury	
Injury Description	Right hand injury need to long term medical treatment. New case with ortho specialist. Or not will continue. New hand condition is neuromuscular abnormal, ligaments abnormal and muscles pain. Doctor treatment and monitoring the hand condition that need to surgery operation or not.
Injury Leave From	-
Injury Leave To	-
Taken Leave Type	-
Medical Claim Request Amount	102500
Medical Claims Approval Amount (ACTE/CHLD Approval Amount)	-102500

Remark: Please submit medical claim check receipt.

Requested by Name: <i>[Signature]</i> Position: <i>[Signature]</i> Date: 20-6-25 Contact No:	Acknowledged by Name: <i>[Signature]</i> Position: <i>[Signature]</i> Date: 20-6-25 Contact No:	Approved by Name: <i>[Signature]</i> Position: <i>[Signature]</i> Date: 20-6-25 Contact No:	Checked by Name: <i>[Signature]</i> Position: <i>[Signature]</i> Date: 20-6-25 Contact No:	Approved by Name: <i>[Signature]</i> Position: <i>[Signature]</i> Date: 20-6-25 Contact No:
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Win Zar Hlaing

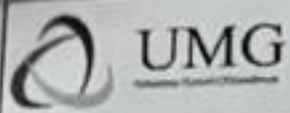
last seen recently



Myat Noe
 Win Coffee ဝယ်ထားတဲ့ C...
 ရတယ်နော် ညီမလေး 9:46 AM

Myat Noe
 ညီမလေး IS/MC ကပါ ရှင့်အမ IS Service team က Tun Aung Kyaw အလှ...
 အမ ဆေးဖိုး102500MMKအတွက် budgetလေးညှိသုံးပေးလိုရလား ရှင့်
 10:21 AM

Myat Noe
 အမ ဆေးဖိုး102500MMKအ...
 ရတယ် ညီမလေး 10:58 AM



ACCIDENT CLAIM REQUEST FORM

Request Date	20.6.2025
Employee Name	Tun Aung Kyaw
ID No.	14437
Join Date	28. Jun. 2022
Position	MCDP
Department	Service
Business	Industrial System
SSB Contribution	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Within Office Working Time or Not	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Injury Date	9 - Apr - 2025
Time of Injury	
Injury Description	Right hand injury need to long term medical treatment. Now cure with ortho specialist Dr. and will continue. Now hand condition is Nerves abnormal, Ligaments abnormal and Muscles pain, Doctor treatment and monitoring the hand conditions that need to surgery operation or not
Injury Leave From	-
Injury Leave To	-
Taken Leave Type	-
Medical Claim Request Amount	102500
Medical Claim Approval Amount (ACHLO/CHLO Approval Amount)	-102500

Remark : Please submit medical claim attach receipts.

Requested by
 Sign :
 Name :
 Position : HR / GA
 Date : 20.6.25
 (Related HR)

Acknowledged by
 Sign :
 Name : Thae Nu Aun
 Position : Sr. HR
 Date : 20.6.25
 (Manager)

Approved by
 Sign :
 Name : Chit San Ko
 Position : AGM
 Date : 20.6.25
 (AGM/GM/COO)

Checked by
 Sign :
 Name : Hin Phao
 Position : DH
 Date : 24.6.2025
 (Corporate HRM)

Approved by
 Sign :
 Name : Ma Chaw Yee Pan Seim
 Position : ACHLO
 Date : 24.6.2025
 (ACHLO/CHLO)

Hlaing Taw Win Hospital

No.575, Magway Road,

Hlaing Tharyar Township, Yangon Myanmar.

09 783688801 , 09 09783788801 , 09427878800-900

Pharmacy Sale Voucher

New & Print

Tuesday, May8 , 2025

VouNo : 2001639-05-2025

Name : KO TUN AUNG KYAW

Doctor : Dr NCAung (Ortho Surgeon)

Cash MMK

5:52 PM

S2508594

Sr. Description

Qty

Amt

1. nuramax

30t

30,000

2. superC+

30t

10,800

3. super care mask

2PCs

400

Total :

41,200

Discount :

0

Paid :

41,200

Balance :

0

Counter (Pharma 1)

08/05/2025

5:58 PM

ဝယ်ယူအားပေးမှုကို အထူးကျေးဇူးတင်ပါသည်
ဝယ်ပြီးပစ္စည်းပြန်မလဲပေးပါ။

HsingTaw Win Hospital

No. 575, Magway Road,

HsingTaw Win Township, Yangon Myanmar.

09778288001, 09778288002, 09427878800-900

Clinic Voucher

Mr & Mrs. Prunt

Cash : MMK

Monday, June 9, 2025

5:55 PM

25/06/2025

82508394

Name : KO TUN AUNG KYAW

Age : 36 Years

Gender : Female Ph No: 09-457128308

Doctor : Dr. M. Aung (Ortho Surgeon)

No.	Particulars	Qty	Amnt
1.	Dr. M. Aung (Ortho)	1	10,000
2.	Service Charges (Specialist)	1	7,000

Total : 17,000

Paid : 17,000



Discount : 0

Balance : 0

Net Amount : 17,000

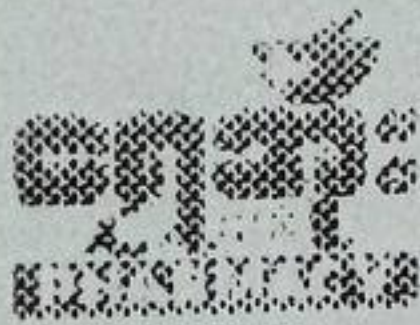
Cashier: Cash

6/9/2025 5:55 PM

"  Thank You, Nice Day  "

Injury Leave From

Injury Leave To



Shwe Ohh Pharmacy
No.691, Kyan Sittar Rd, AungBawDi Shop
House, Hlaing Tharyar Tsp, Yangon.
09 779 955 815 , 09 779 955 870

Slip: 00000Y21P3000021619
Staff: NCWin Trans: 20522
Date: 16/06/25 10:40

Description	Amount
Nuramax 1 box@26,300	26,300 A
Total	26,300
Cash	-30,500
Change	4,200



Thanks for shopping with us.

Balance : 0

Net Amount : 17,000

Cashier: Cash1

6/19/2025 5:55 PM

 Thank You, Nice Day 

Hlaing Tower Hospital

No. 575, Magway Road

Hlaing Thirar Yar Township, Yangon

0978288801, 0978288801, 0942788800-900

Clinic Voucher

Bill & Receipt

Thursday, May 8, 2025

1971923-03-2025

Cash : MMK

5:12 PM

82503394

Name : RO TUN AUNG KYAW

Age : 26 Years

Gender : Female Ph No: 09-457128308

Doctor : Dr. M. Aung (Ortho Surgeon)

No. Particular Qty Amt

1. Dr. M. Aung (Ortho) 1 10,000

2. Service Charges (Specialist) 1 7,000

3. Exam (R.) 1 1,000

Total : 18,000

Paid : 18,000

Discount : 0

Balance : 0

Net Amount : 18,000

Cashier: Cash1

5/8/2025 5:14 PM

Thank You, Nine Day

Taken Leave Type
Medical Claim Request Amount
Medical Claim Amount

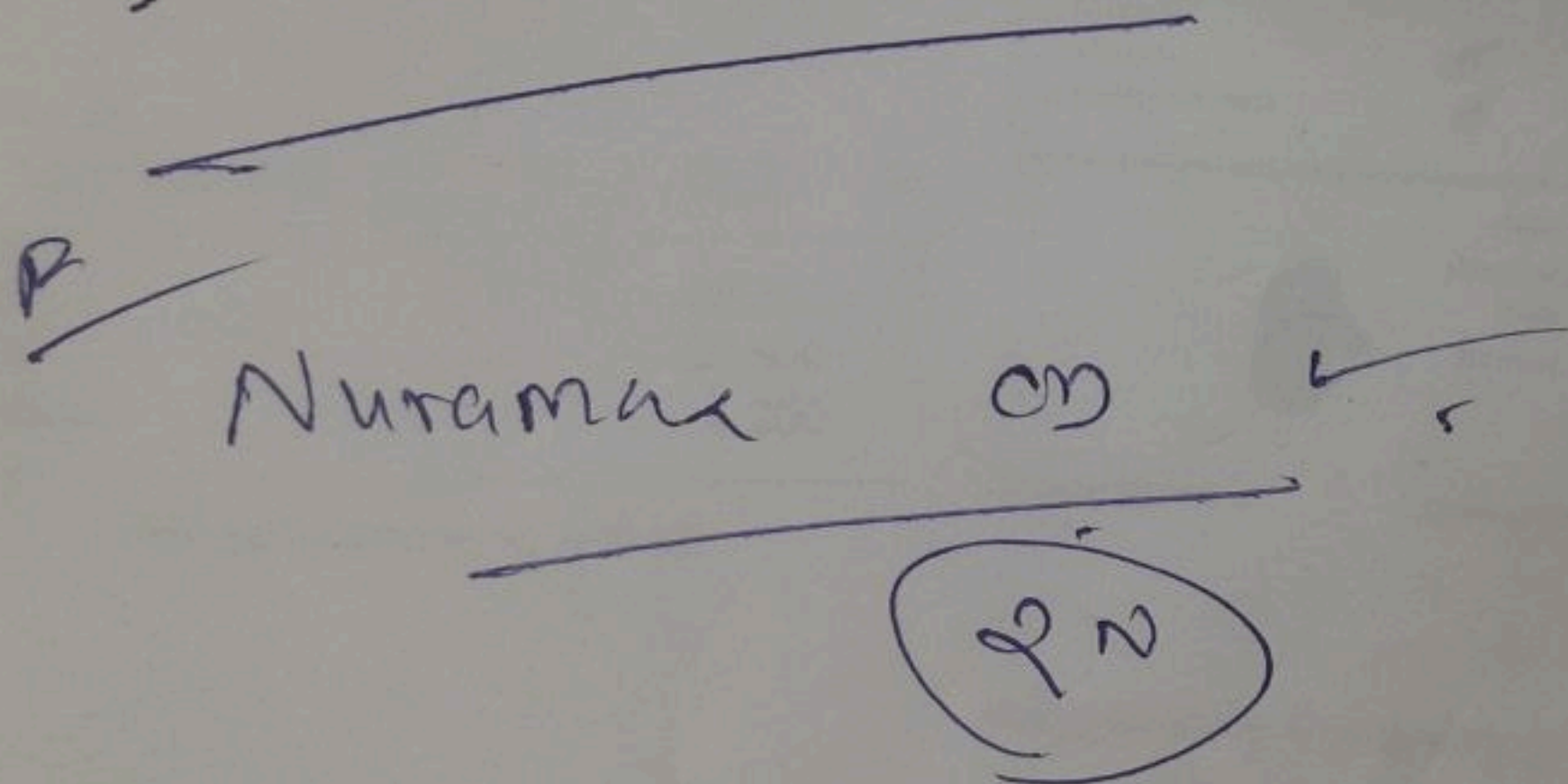
09 JUN 2025

09 JUN 2025
 Date _____
 Time 6:00pm
 Temp _____
 BP 140/90 mmHg
 PR 68 /min
 SPO₂ 99 %
 RBS _____ mg/dl
 Weight 62.6 kg
 Height _____ cm

CG

pain

swelly



Hirudera
30mg/100ml

P1 Nuramud

00

~~Galley~~
Ascorn

00

2020

816125

00

checked by

Name

Positi

Date III

08 MAY 2025

46

RT hand injury

Proximal swelley (1)

(2) Lumbosacral & interosseous
(Lumbosacral minus) artery (-)

(3) sensory changes (5) 2nd
web space

08 MAY 2025
 Time 5:16pm
 Temp N
 BP 150/90 mmHg
 PR 84 /min
 SpO2 99 %
 RBS _____ mg/dl
 Weight 61 kg
 Height _____ cm

report them to the UD showroom