



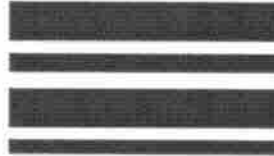
CLAIM NOTIFICATION

INQUIRY FROM: VIAMED LTD
15 STATION ROAD
KEIGHLEY BD20

SHIPMENT TO: ELLEN FOSTER
THE IPSWICH HOSPITAL
MAIN STORES EME NORTH WOODBRID
IPSWICH IP45PD

| | | | |
|-----------------------------------|--------------------|------------------|----------|
| Shipper Number..... | 9W9638 | Pickup Date..... | 15/10/09 |
| Number of Parcels..... | 1 | Weight..... | 1.00 |
| Tracking Identification Number... | 1Z9W96386854532032 | Merchandise..... | unknown |

UNFORTUNATELY WE HAVE BEEN UNABLE TO LOCATE A RECORD OF DELIVERY OR RETURN FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS CAUSES.



BILL TO UPS:

If you are filing your claim electronically, please complete this form online. To fax or post your claim, please complete this form, using black ink only. Include the lesser of your **actual** cost of the merchandise, **replacement** cost or **repair** cost if repairable. Specify which cost you are including. Include your transportation charges. The preceding letter includes instructions on filing a claim and a **toll free fax number for your convenience 24 hours a day**.

For future reference, this claim is identified by **Shipper number 9W9638** and by **Claim number 9549192201A**.

SHIPMENT TO: ELLEN FOSTER
THE IPSWICH HOSPITAL
MAIN STORES EME NORTH WOODBRID
IPSWICH IP45PD

Shipper Number.....9W9638

Pickup Date.....15/10/09

Number of Parcels.....1

Weight.....1.00

Tracking Identification Number...1Z9W96386854532032

Merchandise.....unknown

| QUANTITY | DESCRIPTION OF ITEM(S) | COST |
|----------|-------------------------|----------|
| 1 | Replacement of Ted 200T | \$240.00 |

TRANSPORTATION CHARGES: £6.50

TOTAL AMOUNT CLAIMED:

WEIGHT OF LOST OR DAMAGED MERCHANDISE 1 ☒ KGS ☐ LBS

Please provide a contact name and telephone number in the event further communication is necessary.

CONTACT NAME: STEVE NIXON

PHONE: 01535 636562

(Please provide any additional Tracking Number(s) for the above shipment)

TRACKING NUMBER(S): as above

To File a claim by Fax:

Fax this completed Request for Claim Payment form and your other documents to: 0800-7316954

To File a claim by Post:

Post this completed Request for Claim Payment form and your other documents to:

CLAIMS DEPARTMENT (UKG)
UNITED PARCEL SERVICE LIMITED
UPS House
Forest Road
Feltham
Middlesex TW13 7DY





VIAMED

INVOICE



Invoice Address

Ipswich Hospital NHS Trust
Creditors
Heath Road
Ipswich

Delivery Address

The Ipswich Hospital
Main Stores EME North
Woodbridge Road East
Ipswich

IP4 SPD

IP4 SPD

Delivery No. DEL45429

Invoice No. IN108368

Delivery Date 14/10/09

Tax Point 14/10/09

Customer Ref. E0117648

Account 00002320

PRODUCT CODE

DESCRIPTION

QUANTITY

UNIT PRICE

DISC.%

Total €

VAT

0140003

Labour charge - Repair of TED 200T
oxygen monitor. s/n 120303

0.25

90.00

22.50

1

Functional test.
Calibration checks at 20.9% and 100% oxygen.
Battery test/s.

Repair warranty covers work carried out and
part/s replaced.

Validity - Six months from date of invoice.

SRN14820 SRS61759

Oxygen sensor evaluation.

Manufacturer:

Model:

Part number: 0110057

Serial number: 368791

0140011

1.00

1

LISAL

Vat Registration number: GB 287 3895 93

Terms: Net 30 days from date of invoice.

Terms and conditions: www.viamed.co.uk/terms.htm

Credit transfers to: Barclays Bank PLC, High Street, Skipton, N Yorks.
For credit of:

VIAMED Ltd, F/A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Claims: Please claim non delivery within 7 days of invoice.

shortages or damages within 3 days of receipt.

Claims after these times cannot be entertained

Title to goods does not pass until payment in full

has been received.

Goods Total

VAT

Invoice Total

15 Station Road, Cross Hills, Kelghley
West Yorkshire, BD20 7DT, UK
Telephone: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk



VIAMED

INVOICE

CONTINUATION PAGE 2



Invoice Address

Ipswich Hospital NHS Trust
Creditors
Heath Road
Ipswich

Delivery Address

The Ipswich Hospital
Main Stores EME North
Woodbridge Road East
Ipswich

IP4 SPD

IP4 SPD

PRODUCT CODE

DESCRIPTION

QUANTITY

UNIT PRICE

DISC. %

Total £

VAT

PPUPSI

Test result: No fault found
SRN14821 SRS61759
Courier delivery - Standard.

1

8.50

8.50

1

Ellen Foster 01473 704955

LISAL

Vat Registration number: GB 287 3895 93

Terms: Net 30 days from date of invoice.

Terms and conditions: www.viamed.co.uk/terms.htm

Credit transfers to: Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:

VIAMED Ltd, E A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Claims: Please claim non delivery within 7 days of invoice.

shortages or damages within 3 days of receipt.

Claims after these times cannot be entertained

Title to goods does not pass until payment in full

has been received.

Goods Total

31.00

VAT

4.66

Invoice Total

35.66

15 Station Road, Cross Hills, Keighley
West Yorkshire, BD20 7DT, UK
Telephone: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk



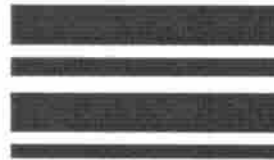
CLAIM NOTIFICATION

INQUIRY FROM: VIAMED LTD
15 STATION ROAD
KEIGHLEY BD20

SHIPMENT TO: MR MARK HUMPHRIES
BOUND TREE MEDICAL EUROPE LT
UNIT 3 STAG BUSINESS PARK DEER
TELFORD TF27NA

| | | | |
|-----------------------------------|--------------------|------------------|----------|
| Shipper Number..... | 9W9638 | Pickup Date..... | 15/10/09 |
| Number of Parcels..... | 1 | Weight..... | 6.00 |
| Tracking Identification Number... | 1Z9W96386852009067 | Merchandise..... | unknown |

UNFORTUNATELY WE HAVE BEEN UNABLE TO LOCATE A RECORD OF DELIVERY OR RETURN FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS CAUSES.



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For future reference, this claim is identified by **Shipper number 9W9638** and by **Claim number 9549196201A.**

SHIPMENT TO: MR MARK HUMPHRIES
BOUND TREE MEDICAL EUROPE LT
UNIT 3 STAG BUSINESS PARK DEER
TELFORD TF27NA

Shipper Number.....9W9638
Number of Parcels.....1
Tracking Identification Number...1Z9W96386852009067
Pickup Date.....15/10/09
Weight.....6.00
Merchandise.....unknown

| QUANTITY | DESCRIPTION OF ITEM(S) | COST |
|---------------------------------------|---------------------------------------|--|
| 50 | MD300-D Finger Pulse Oximeters | £52.50 |
| 50 | Soft carry Cases for use with MD300-D | £1.38 |
| TRANSPORTATION CHARGES: | | £6.50 |
| TOTAL AMOUNT CLAIMED: | | £2673.00 |
| WEIGHT OF LOST OR DAMAGED MERCHANDISE | | 6.8 <input checked="" type="checkbox"/> KGS <input type="checkbox"/> LBS |

Please provide a contact name and telephone number in the event further communication is necessary.

CONTACT NAME: STEVE NIXON
PHONE: 01535 636542

(Please provide any additional Tracking Number(s) for the above shipment)

TRACKING NUMBER(S): as above

To File a claim by Fax:

Fax this completed Request for Claim Payment form and your other documents
to: 0800-7316954

To File a claim by Post:

Post this completed Request for Claim Payment form and your other documents to:

CLAIMS DEPARTMENT (UKG)
UNITED PARCEL SERVICE LIMITED
UPS House
Forest Road
Feltham
Middlesex TW13 7DY





VIAMED

I N V O I C E



Invoice Address

Bound Tree Medical Europe Ltd.
Unit 3 Stag Business Park
Deer Park Way
Donnington Wood
Telford
TF2 7NA

Delivery Address

Bound Tree Medical Europe Ltd.
Unit 3 Stag Business Park
Deer Park Way
Donnington Wood
Telford
TF2 7NA

Delivery No. DEL45453
Invoice No. IN108393
Delivery Date 15/10/09
Tax Point 15/10/09
Customer Ref. 0000014511
Account 00012456

| PRODUCT CODE | DESCRIPTION | QUANTITY | UNIT PRICE | DISC. % | Total £ | VAT |
|--|--|----------|------------|---------|---------|-----|
| 2810011 | MD300-D Finger Pulse Oximeter. OLED display. | 50 | 52.50 | | 2625.00 | 1 |
| Warranty: 12 months from date of invoice. s/n 09171040011-20 09171040051-70 09171040131 09171040132-133 09171040135-37 09171040139 09171040140 09171041994 09231040001 09231040002-09 171040138 9171040134 | | | | | | |
| 0022190 | Soft Carrying Case (Black) for use with Viamed VM 2101 finger pulse oximeter. | 50 | | | | 1 |
| PPUPS1 | Courier delivery - Standard. | 1 | | | | 1 |

Emailed order. Includes free of charge carry cases as agreed.

SJH

Vat Registration number : GB 287 3895 93

Terms: Nett 30 days from date of Invoice.

Terms and conditions: www.viamed.co.uk/terms.htm

Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:

VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Claims: Please claim non delivery within 7 days of invoice,
shortages or damages within 3 days of receipt.
Claims after these times cannot be entertained.
Title to goods does not pass until payment in full
has been received.

Goods Total 2625.00
VAT 393.75
Invoice Total 3018.75

15 Station Road, Cross Hills, Keighley
West Yorkshire, BD20 7DT, UK
Telephone : +44 (0) 1535 634542
Fax : +44 (0) 1535 635582
Email : info@viamed.co.uk



CLAIM NOTIFICATION

INQUIRY FROM: VIAMED LTD
15 STATION ROAD
KEIGHLEY BD20

SHIPMENT TO: STANLEY BALACHANDER
PAPWORTH HOSPITAL
GOODS INWARDS PAPWORTH EVERARD
CAMBRIDGE CB233RE

| | | | |
|-----------------------------------|--------------------|------------------|----------|
| Shipper Number..... | 9W9638 | Pickup Date..... | 15/10/09 |
| Number of Parcels..... | 1 | Weight..... | 1.00 |
| Tracking Identification Number... | 1Z9W96386852038357 | Merchandise..... | unknown |

UNFORTUNATELY WE HAVE BEEN UNABLE TO LOCATE A RECORD OF DELIVERY OR RETURN FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS CAUSES.



BILL TO UPS:

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For future reference, this claim is identified by **Shipper number 9W9638** and by **Claim number 9549194501A.**

SHIPMENT TO: STANLEY BALACHANDER
PAPWORTH HOSPITAL
GOODS INWARDS PAPWORTH EVERARD
CAMBRIDGE CB233RE

Shipper Number.....9W9638

Pickup Date.....15/10/09

Number of Parcels.....1

Weight.....1.00

Tracking Identification Number...1Z9W96386852038357

Merchandise.....unknown

| QUANTITY | DESCRIPTION OF ITEM(S) | COST |
|---|-------------------------|--|
| 5 | Sensor Cables | £20.00 |
| 3 | Oxygen Sensors B-17 med | £102.00 |
| 3 | Oxygen Sensors T7 | £102.00 |
| TRANSPORTATION CHARGES: | | £6.50 |
| TOTAL AMOUNT CLAIMED: | | £310.50 |
| WEIGHT OF LOST OR DAMAGED MERCHANDISE 1.2 | | <input checked="" type="checkbox"/> KGS <input type="checkbox"/> LBS |

Please provide a contact name and telephone number in the event further communication is necessary.

CONTACT NAME: STEVE NIXON

PHONE: 01535 636542

(Please provide any additional Tracking Number(s) for the above shipment)

TRACKING NUMBER(S): as above

To File a claim by Fax:

Fax this completed Request for Claim Payment form and your other documents

to: 0800-7316954

To File a claim by Post:

Post this completed Request for Claim Payment form and your other documents to:

CLAIMS DEPARTMENT (UKG)
UNITED PARCEL SERVICE LIMITED
UPS House
Forest Road
Feltham
Middlesex TW13 7DY





VIAMED

I N V O I C E



Invoice Address

Papworth Hospital
Papworth Everard
Accounts Department
Cambridge

Delivery Address

Papworth Hospital
Goods Inwards
Papworth Everard
Cambridge

CB23 3RE

CB23 3RE

Delivery No. DEL45439

Invoice No. IN108378

Delivery Date 15/10/09

Tax Point 15/10/09

Customer Ref. PF50100

Account 00000890

| PRODUCT CODE | DESCRIPTION | QUANTITY | UNIT PRICE | DISC.% | Total £ | VAT |
|--------------|---|----------|------------|--------|---------|-----|
| 0131201 | AX300 & MX300 Sensor cable, R17MED s/n 1888 1927-28 2194 2196 | 5 | 20.00 | | 100.00 | 1 |
| 0110017 | Oxygen sensor, R-17MED s/n 434614 434818-19 | 3 | 40.00 | 15.00 | 102.00 | 1 |
| 0110057 | Oxygen sensor, T-7 For use with TED60T, TED191 and TED200T7 s/n 431465-67 | 3 | 40.00 | 15.00 | 102.00 | 1 |
| PPUPS1 | Courier delivery - Standard. | 1 | 8.50 | | 8.50 | 1 |

Stanley Balachander
01480 364 385
JONATHAN

Vat Registration number : GB 287 3895 93

Terms: Nett 30 days from date of Invoice.

Terms and conditions: www.viamed.co.uk/terms.htm

Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:

VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Claims: Please claim non delivery within 7 days of invoice.

shortages or damages within 3 days of receipt.

Claims after these times cannot be entertained

Title to goods does not pass until payment in full
has been received.

Goods Total 312.50

VAT 46.88

Invoice Total 359.38

15 Station Road, Cross Hills, Keighley
West Yorkshire, BD20 7DT, UK
Telephone : +44 (0) 1535 634542
Fax : +44 (0) 1535 635582
Email : info@viamed.co.uk



CLAIM NOTIFICATION

INQUIRY FROM: VIAMED LTD
15 STATION ROAD
KEIGHLEY BD20

SHIPMENT TO: G LOVETTE
JOHN RADCLIFFE HOSPITAL
RECEIPT AND DISTRIBUTION INDUS
OXFORD OX39DU

| | | | |
|-----------------------------------|--------------------|------------------|----------|
| Shipper Number..... | 9W9638 | Pickup Date..... | 15/10/09 |
| Number of Parcels..... | 1 | Weight..... | 2.00 |
| Tracking Identification Number... | 1Z9W96386852740936 | Merchandise..... | unknown |

UNFORTUNATELY WE HAVE BEEN UNABLE TO LOCATE A RECORD OF DELIVERY OR RETURN FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS CAUSES.



VIAMED

I N V O I C E



Invoice Address

Oxford Radcliffe Hospitals
NHS Trust, Room 24
Finance Dept
Manor House Annexe
Headington, Oxford
OX3 9DU

Delivery Address

John Radcliffe Hospital
Industrial Block
Receipt and Distribution
Headley Way
Headington, Oxford
OX3 9DU

Delivery No. DEL45437

Invoice No. IN108376

Delivery Date 15/10/09

Tax Point 15/10/09

Customer Ref. 3265985

Account 00004040

| PRODUCT CODE | DESCRIPTION | QUANTITY | UNIT PRICE | DISC. % | Total £ | VAT |
|--------------|---|----------|------------|---------|---------|-----|
| 2710451 | Light Cloud Prone Headrest. Model: LC250 | 4 | 30.00 | | 120.00 | 1 |
| PPUPSI | Courier delivery - Standard. | 1 | 8.50 | | 8.50 | 1 |

G Lovette 01865 743127

LISAL

Vat Registration number : GB 287 3895 93

Terms: Net 30 days from date of Invoice.

Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:

VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Claims: Please claim non delivery within 7 days of Invoice.

shortages or damages within 3 days of receipt.

Claims after these times cannot be entertained

Title to goods does not pass until payment in full
has been received.

Goods Total 128.50

VAT 19.28

Invoice Total 147.78

15 Station Road, Cross Hills, Kelghley
West Yorkshire, BD20 7DT, UK
Telephone : +44 (0) 1535 634542
Fax : +44 (0) 1535 635582
Email : info@viamed.co.uk