

吉維利企業
KIVILE ENTERPRISE

BLK 3007, UBI ROAD 1 #01-408, SINGAPORE 408701.

TEL: 6748 8645, 6747 9547 FAX: 6748 2533

EMAIL: kivilepc@gmail.com

GST REG NO: M90370110N

Tax INVOICES

U NO: 11956

MESSRS INDIA INT'L INS PTE LTD

DATE: 18-9-24

[illegible]

GST 9%

TOTAL AMOUNT



RECEIVED BY

AUTHORISED SIGNATURE



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Aug 2024 / 09:19:35
Receipt Date/Time : 20 Aug 2024 / 09:19:35

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240820-000523

Previous Receipt No. :

S/N Item Description/
Business Transaction Reference
No.

Amount
Before
GST (S\$)
GST
Amount
(S\$)
Amount
After GST
(S\$)

Result of Insurance Enquiry - SLW1809P
As at 15 Aug 2024/11:40:00
Insurance Co: INDIA INT'L INS PTE LTD
1 Insurance Enquiry - SLW1809P
Enquiry Fee
20240820091840360958

25.00 2.25 27.25

Sub-Total 25.00 2.25 27.25

Total Before Rounding 25.00 2.25 27.25

Rounding Difference 0.00

Total Amount Payable 27.25

Paid By
526471XXXXXX8772 eNETS Credit Card 27.25

Total 27.25

Cash Change 0.00

Tendered Amount 27.25

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

AUTHORISATION TO ACT

I/We, ONG HOCK BENG, IVAN (the third party claimant) of _____
_____ (address), owner of FBR5748A (vehicle no.)
hereby authorize KIVILE ENTERPRISE (workshop) to act for me with
respect to my claim for repair costs and/ or rental and/ or loss of use (claim) for my
vehicle no. FBR5748A that was damaged pursuant to the accident which
occurred on _____ (date) along CHAI CHEE STREET
_____ (location) involving vehicle no's SLW1809P (accident)

I further authorize the workshop to settle my above mentioned claim in a manner
that they deem fit and the workshop is further authorized to receive payment
further to settlement of my claim with payment cheque(s) being made in favour
of the workshop.

I further knowledge that any settlement the workshop may reach on my behalf is on
a without prejudice and without admission of liability basis in so far as the driver/
owner/ insurers of the other vehicle(s) is concerned.

Date: 18 / 09 / 2024 (DD/MM/YYYY)



Signed by the third party claimant
(with company stamp if applicable)

KIVILE ENTERPRISE
Blk 3007, Ubi Road 1 #01-408
(S) 408701 M: 90370110N
Tel: 6748 8645 Fax: 6748 2533

Signed by the workshop
(with company stamp)

my execution of this Discharge Voucher is only
for my claim for property damage and not prejudicial
to any other claims arising from the same accident

