

# LEE BROTHERS AUTOMOTIVE PTE.LTD

NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY

SINGAPORE 417883

TEL: 6509 5521 FAX: 6509 5523 GST Reg. No. : 201101880C

ATTN:THE MOTOR CLAIMS DEPARTMENT  
INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET#05-00  
IOB BUILDING  
SINGAPORE 049711

Yrs Ref. : GBF4740R  
Our Ref. : LB0824-3711  
Date: : 27.09.2024

Accident involving SMK8159L and GBF4740R on 26.08.2024 at 1730HRS along CTE TOWRDS AYE (EXIT ANG MO KIO AVE 5)

We refer to the above matter. We are instructed that above accident was caused solely and completely by the negligence of your insured, as a result of which, our client have suffered loss and expenses.

We are instructed by our client to make a property damages claims as:-

	<u>Amount</u>
1. Cost of repair ( Inc GST)	S\$ 22,236.00
2. Loss of Rental (18 days x \$150)	S\$ 2,700.00
3. Towing	S\$ 120.00
5. LTA Search fee	S\$ 27.25
4. E-File Serach fee	S\$ 31.00
Claim Amount	<u><u>S\$ 25,114.25</u></u>

Enclosed are the following documents for your perusal.

<input checked="" type="checkbox"/> Original Final repair Bill	<input checked="" type="checkbox"/> Letter of Authority
<input type="checkbox"/> Original Survey Report & Invoice	<input checked="" type="checkbox"/> Rental Agreement /Receipt
<input type="checkbox"/> Original Photographs of [SMK8159L]	<input checked="" type="checkbox"/> E-File Search Fee/LTA Receipt
<input checked="" type="checkbox"/> GIAS Reports of [SMK8159L ]	<input checked="" type="checkbox"/> Vehicle Registration Card
<input checked="" type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Driver's Driving License / Identity Card
<input checked="" type="checkbox"/> Report Of A Traffic Accident	

Your prompt action will be greatly appreciated.

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Yours faithfully,  
Lee Brothers Automotive Pte.Ltd



sales@leebrothers.com.sg

# LEE BROTHERS AUTOMOTIVE PTE LTD

1 Kaki Bukit Avenue 6, #02-47 Autobay, Singapore 417883  
Tel : (65) 6509 5521 Fax : (65) 6509 5523  
Email : sales@leebrothers.com.sg  
Co. Reg. : 201101880C  
GST Reg. No. : 201101880C

## TAX INVOICE 10362

Messrs : **INDIA INTERNATIONAL INSURANCE PTE LT** Claim No. : LB0824-3711  
64 CECIL STREET  
#05-00 IOB BUILDING  
SINGAPORE 049711  
Acc. Date : 26.08.2024

Veh. No./Model : SMK8159L SUZUKI SWIFT Date : 27.09.2024

QTY	DESCRIPTIONS	AMOUNT
	<b>Repair Cost :</b> Inclusive of supply parts, panel beating, spray painting and labour.	\$ 20,400.00
	<b>Sub-total</b>	\$ 20,400.00
	<b>Add GST 9%</b>	1,836.00
	<b>Total Amount</b>	<b>\$ 22,236.00</b>

E. & O.E.

\* Please make all payments to " Lee Brothers Automotive Pte Ltd "  
\* All service and repairing are in good order & conditions.



Lee Brothers Automotive Pte Ltd

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of First Submission	27/08/2024 12:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/08/2024 17:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS AYE (EXIT AMK AVE 5 )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8159L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH SIEW KHIM DOREEN
NRIC No	S7929420I
Email Address	DOREEN.KOH21@GMAIL.COM
Mobile Phone No	(Phone) +65-97453401
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1200
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116898782-04

### DRIVER

Name of Driver	KOH SIEW KHIM DOREEN
NRIC No	S7929420I
Date Of Birth	21/09/1979
Occupation	Indoor
Driving Pass Date	06/05/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97453401
Alt. Phone Number	-
Email Address	DOREEN.KOH21@GMAIL.COM
Address	83 HOUGANG AVE 2 #12-16
Address complement	-
Postcode	538860
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT - T/20240827/7018

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4740R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TNG YAP HUAP
Contact Number	(Phone) +65-91526664
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK8836X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GUO XUE YUAN
Contact Number	(Phone) +65-93752955
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ8030H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM
Contact Number	(Phone) +65-88548067
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	KOH SIEW KHIM DOREEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-



Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK8159L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repeal policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**5. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;


(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

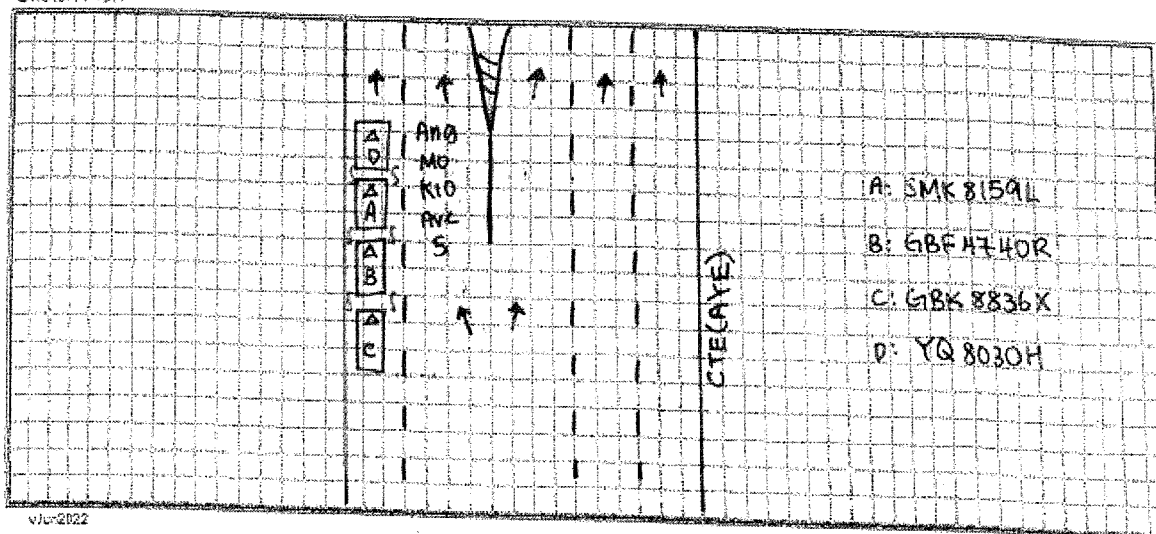
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



v1.0-2022



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5116898782-04

**Cover :** Drivo Elite

1. Index mark and Registration Number of Vehicle : **SMK8159L**  
Chassis Number : **JSAAZC13500258339**
2. Name of Policyholder : **KOH SIEW KHIM DOREEN (XU XIUQIN DOREEN)**
3. Effective Date of Insurance : **25 Apr 2024**
4. Expiry Date of Insurance : **24 Apr 2025**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DOREEN KOH SIEW KHIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : META AGENCY PTE. LTD. (00000573430)

Date of Issue : 28 Mar 2024 12:39 hrs

For INCOME INSURANCE LIMITED



Chief Executive



# SINGAPORE POLICE FORCE



T/20240827/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20240827/7018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2024 10:31		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH SIEW KHIM, DOREEN			Address: 83 HOUGANG AVENUE 2 #12-16 SINGAPORE 538860		
ID Type / ID No.: NRIC NO / S7929420I			Contact No.: Home/Office: Mobile: 97453401		
Nationality: SINGAPORE CITIZEN			Email: DOREEN.KOH21@GMAIL.COM		
Sex: Female	Age: 44	Date of Birth: 21/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Secondary school teacher			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2024 17:30	Type of Location: Straight Road
Location:  ANG MO KIO DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4740R	Lorry					0
GBK8836X	Lorry					0
SMK8159L	Motor car	SUZUKI	SWIFT 1.0T GLX AT	Grey		0
YQ8030H	Motor van					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20240827/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20240827/7018

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
27/08/2024 10:31

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20240827/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20240827/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMK8159L	NTUC Income Insurance Co-Operative Limited	5116898782-04	25/04/2024	24/04/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH SIEW KHIM, DOREEN		ID No. S7929420I
Related Vehicle	SMK8159L (Motor car)		Contact No. 97453401
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/08/2024		Date Discharge NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

I was travelling along CTE(AYE) exiting Ang Mo Kio Avenue 5 on 26/08/2024 at about 5.30pm with my car bearing car plate number SMK8159L. I was travelling straight when the vehicle in front slow down and stopped, I follow suit and stopped. Suddenly I felt a huge impact from the rear and the impact caused my vehicle to be pushed forward. I alighted and realized that it was a chain collision consisting of 4 vehicles. We exchanged particulars and we left the scene.

1st Vehicle: YQ8030H  
2nd Vehicle: SMK8159L  
3rd Vehicle: GBF4740R  
4th Vehicle: GBK8836X

After the accident I felt pain on Neck and shoulder, I proceeded to consult a doctor and was given 3 days Mc.

## Authorisation Third Party Claim Demand

Date:

To: India International Insurance Pte Ltd

RE: ACCIDENT INVOLVING VEHICLE No.: SMK8159L And GBF H7H0R

AT / ALONG CTE towards AYE (Exit Ang Mo Kio Ave S)

ON 26.08.2004

I/We, Koh Siew Ik Kim Darren of (NRIC No. / ROC No.)

S792940A1 of 83, Hougang Ave 2, #12-16, S' (S38860)

owner of vehicle no. SMK 8159L in consideration of M/S Lee Brothers Automotive Pte Ltd repairing my/our vehicle SMK 8159L at my/our instruction and hereby authorise M/S Lee Brothers Automotive Pte Ltd to demand claim settle receive whatever amount settled / payable by the insurance company and / or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and / or less of use, etc. and to their appointing solicitor to act for me / us in respect of the said accident / claim and all claimed and / or settled shall belong to them absolutely.

I further agree and undertake to indemnify them against the above mentioned claim costs which may arisen therewith.

Signature of Owner: 

Date: .....



# CARZ RENTAL PTE. LTD.

1 Kaki Bukit Avenue 6, #02-47 Autobay,  
Singapore 417883


Tel: (65) 6509 5521 Fax: (65) 6509 5523

SMK8159L  
Lee Brothers

## VEHICLE RENTAL AGREEMENT

ROC NO: 201312119K

RA NO: **4445**

<b>Hirer Particulars -</b>		Veh. No. <u>SLP60691</u>		Replace veh. No.	
Name	<u>Koh Siew Kim Darren</u>	Make / Model	<u>Toyota Sienna</u>	Auto/Manual	
Address	<u>83, Hougang Avenue 2</u> <u>#12-16, 8253 8860</u>	Date/Time Out	<u>26/8/14 (130hrs)</u>	KM Out	
NRIC/Passport	<u>S79294203</u>	Date/Time In	<u>13/9/14 (170hrs)</u>	KM In	
Tel (O)		Estimated Date/Time Return			
Mobile		Rental charges -	S\$		S\$
Fax					
<b>Authorised Driver's Particulars -</b>		Hours	@	Per Hour	
Name	<u>Koh Siew Kim Darren</u>	Days	@	Per Day	<u>\$2700/-</u>
Address	<u>83, Hougang Avenue 2</u> <u>#12-16, 8253 8860</u>	Weeks	@	Per Week	
NRIC/Passport	<u>S79294203</u>	Months	@	Per Month	
Nationality		Sub-Total			
Date of Birth	<u>21/09/1979</u>	Less Discount			
Occupation		Sub-Total			
D/Licence No.	<u>S79294203</u>	<b>Optional Charges -</b>			
Expiry Date	<u>06/05/2000</u>	Delivery	@	Per Trip	
Tel (O)		Collection	@	Per Trip	
Tel (H)		Others			
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Sub-Total			
FRONT		Add 7% GST			
LEFT		(A) Estimated Total Rental			
RIGHT		Extension -			
REAR		Extension Rental	X		
		Surcharge (Malaysia)	X		
		P.A.I.	X		
			X		
		Others -			
		Misc :			
		Cash/Nets/Cheque/VISA/MC Card No:			
		Sub-Total		<u>\$2700/-</u>	
		Add 7% GST			
		(B) Extension/others Total			
		(A) + (B) Grand Total Rental Charges			
		Less Prepayment			
		Balance Due			
		Deposit			
		Amount		Deposit Refunded	
		Remarks:	Received by		
		The hirer hereby read and understood all terms and conditions stated on this page and overleaf :			
		for Carz Rental Pte. Ltd.			
					
		Hirer Signature/Co's Stamp/Date		Authorised Signature/Date	

### IMPORTANT NOTE:

- Only persons aged 24 and above or below 65 with 2 years or more driving experience, authorized, licensed and signing this agreement may drive the vehicle.
- In case of accident, the Hirer shall report to rental office immediately. If there is any bodily injury, a police report must be made within 24 hours.
- Vehicle is strictly for SINGAPORE USE ONLY, and may not be driven out of Singapore without prior consent of **Carz Rental Pte. Ltd.**
- Unauthorised drivers, drivers who did not fulfill the above requirement are liable for the full cost & other losses suffered by **Carz Rental Pte. Ltd.** should the vehicle is damaged or stolen.



# SPIKE RECOVERY

Telephone: 8799 7859

UEN No: 53420473B

CASH SALES / WORK ORDER

No. 1830

Date: 26-8-24

M/s: Lee Brothers

Vehicle No.: SMK 8159 L

Model: Swift

From: Ang mo Kio

Time Start:

To: Autobay

Time End:

Remarks:

☐ Change Tyre / Jump Start

☒ Accident

☐ Use Car Carrier

☐ Basement / MSCP

☐ Crane Up / Winch Out

☐ Open Door

☒ King Dolly

☐ Dismantle Shaft / Brake

☐ Loaded

Received by

Soon  
SPIKE Recovery

Amount SGD \$ 120



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 27 Aug 2024 / 11:51:51  
Receipt Date/Time : 27 Aug 2024 / 11:51:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240827-001626  
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 - GBF4740R As at 26 Aug 2024/17:30:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GBF4740R Enquiry Fee 20240827115113001999	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				
	20240827115120153	Direct Debit: eNETS Debit (Internet Banking)		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.





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard #42-01b, Singapore 038989

Email: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Reg No: M400017735

UEN: S66SS0020G

**TAX INVOICE**

LEE BROTHERS AUTOMOTIVE PTE  
LTD - KOH SIEW KHIM DOREEN

**Invoice Number**  
GR-2024-005900

**Invoice Issue Date**  
30 Aug 2024

**Invoice Due Date**  
06 Sep 2024

Total Amount (S\$) 28.44  
Total GST 9.00% (S\$) 2.56  
Total Amount Incl. of GST (S\$) 31.00

Bill Type	Reference	Amount (S\$)	GST 9.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	29/08/2024,26/08/2024,SMK8159L,GBF4740R	28.44	2.56	31.00
Total Amount (S\$)				28.44
Total GST 9.00% (S\$)				2.56
Total Amount Incl. of GST (S\$)				31.00

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