

To: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

Attn: **Motor Claims Department**

Date: 28th November 2020

Dear Sir/Madam,

Claimant: **Samuel Khoo Kwang Wee**
19 Wak Hassan Place
Singapore 757407

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 01/10/2020 at along Junction of Yishun Avenue 1 & Yishun Avenue 2 involving our client's vehicle registration number SFH 9119 U and vehicle registration number GBB 3258 U driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1) Vehicle Repair Costs	\$15,500.00
2) Loss of Use (SGD\$120.00 x 21Days)	\$2,520.00
3) LTA Search	\$7.45
4) Towing Fee	\$180.00

Total : **\$18,207.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Satisfaction Voucher endorsed by Claimant
- LTA Search Receipt
- Towing Chit

Please send us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice.

Yours faithfully,

Elin Cai

Zoom Autowerks Pte Ltd

130 Bedok Reservoir Road
#08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

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 Authorised 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 Report	02/10/2020 13:09
Date Of Accident	01/10/2020 15:50
Exact Location Of Accident	JCT OF YISHUN AVE 1 & YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH9119U
Insured/Policyholder	
Name Of Registered Owner	SAMUEL KHOO KWANG WEE
NRIC No	SXXXX728B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97421630
Alternative Phone No	OTHERS-97421630

Vehicle Particulars

Manufacturer	BMW
Model	428I GRAN COUPE M SPORT A/T SR HID NAV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA544887/1
Cover Note Number	

Driver

Name of Driver	SAMUEL KHOO KWANG WEE
NRIC No	SXXXX728B
Date Of Birth	30/09/1981
Occupation	INDOOR
Date Of Driving Pass	23/05/1999
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97421630
Fax Number	
Contact Number	OTHERS-97421630
Email Address	NOEMAIL

Address	19 WAK HASSAN PLACE
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : SALLY TOH LIJUN GENDER: : FEMALE
Passenger 2	NAME: : SHAYNE KHOO HSIEN YANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB3258U
Vehicle Make/Model/Colour	MITSUBISHI / FB70BB1SRDEA
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SAMUEL KHOO KWANG WEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SFH9119U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SALLY TOH LIJUN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SFH9119U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name SHAYNE KHOO HSIEN YANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SFH9119U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode


Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

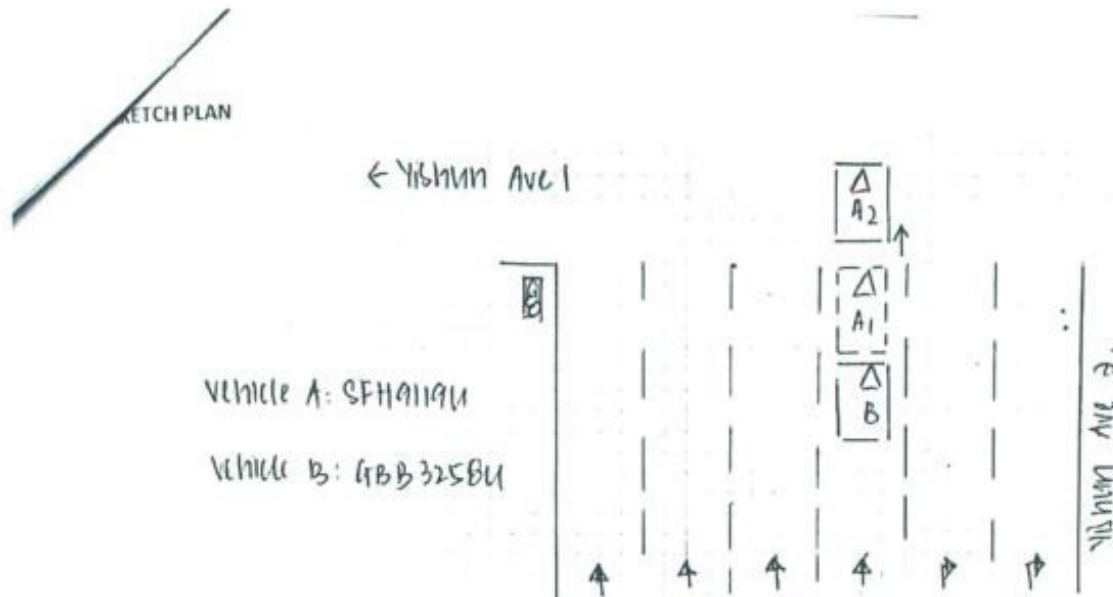
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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. The 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 lodging 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.
8. **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
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: *Subiq*
NRIC/TIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A',
SFH9119U, was travelling straight along the stated
venue. Due to red light, I stopped my vehicle.
Moment later, vehicle 'B', GBB325BU, hit onto my
stationary vehicle's rear portion.

my passenger : name) Sally Toh Lijun
NRIC) S8219015E

name) Shayne Khoo Hsien Yang
NRIC) T1429365A

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



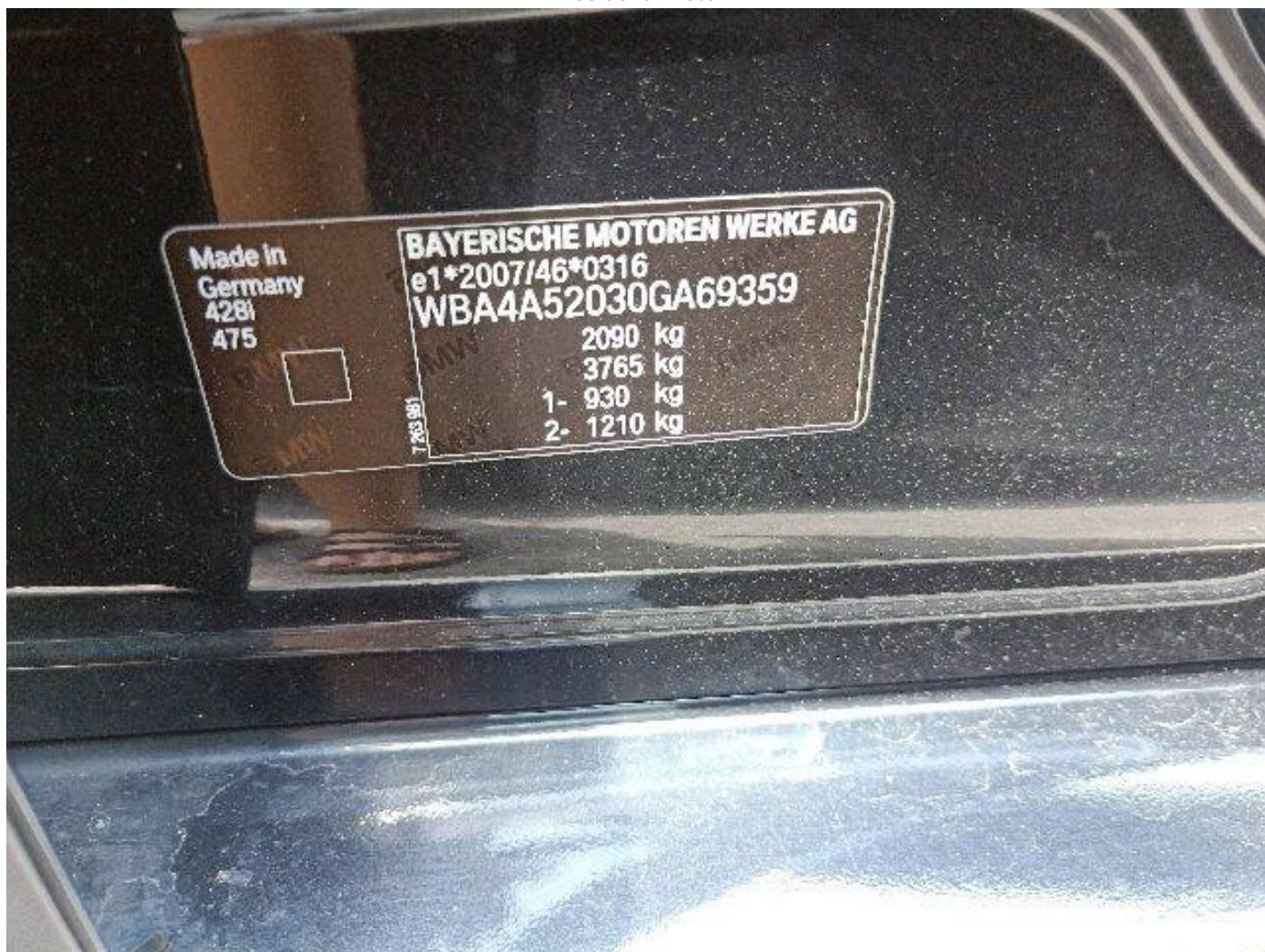
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S8129728B**

Name: **SAMUEL KHOO KWANG WEE
(SAMUEL QIU GUANGWEI)**

Birth Date: **30 Sep 1981**

Issue Date: **26 Apr 2003**

000423527B




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
23 May 1999

NP 428A

Licence No: S8129728B



CERT Pg. 1



AXA Insurance Pte Ltd
 ☎ 1800 850 4688 (Within Singapore)
 ☎ (65) 6836 4333 (International)
 ☎ (65) 6886 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

account number
05155

Alfred Vachon, a Canadian portrait photographer, was active in the 1920s-1930s. *Alfred Vachon: The Portraits of a Photographer*, by Robert Vachon, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2

Polishholder name	SAMUEL KHOO KWANG WEE (SAMUEL QIU GUANGWEI)	Definitive number	GA514887 / 1
Country	Comprehensive	Company number	WE46432939/AG0390
Place names	Peace	Employer number	A206099741206268
ICD application	0%		
Vehicle registration number	SHH9129U		
Period of insurance	from 28/06/2020 to 27/06/2021 (both dates inclusive)		
Finance loan company	TOWNS CENTURY LEASING (SINGAPORE) PTE LTD		

is the person who is driven on the Folio's only or with the minimum.

1. Importation must first be determined to be in accordance with the letter and spirit of the regulations. It must be found that it is in the public interest and is not disapproved by order of a Court of Law or by statute or new regulations or regulations in that section maintaining the latter statute.

Use only for social, domestic, and pleasure purposes and for the production of turkeys.

[illegible]

EXCESS	Excess over Estimated Excess	\$64,800.00
	Withheld Excess	\$64,800.00

The following examples are representative of the following:

3. \$5,000 for unadjusted depreciation expense

→ [View all](#)

I/We hereby certify that the policy to which this Certificate refers is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 130) and Part IV of the Road Transport Act, 1967 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Policymakers are warned that on the date of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration in the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Fund and Compensation Act Cap. 150).

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #01-01

1 of 3

Page 6 of 21

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MALP20085963 Vehicle Registration No: SFH9119U
Name (as shown in NRIC) : SAMUEL KHOO KWANG WEE NRIC/FIN/Passport No : SXXXX728B
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 19 WAK HASSAN PLACE - Singapore()
Contact (Tel) : _____ Mobile No. : 97421630
Email Address : _____
Date of Accident : 01/10/2020 Time of Accident : 15:50
Place of Accident : JCT OF YISHUN AVE 1 & YISHUN AVE 2
Insurance Company : AXA


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to state that me, my wife and son were injured as a result of the accident.



Policyholder / Driver's Signature
Date: _____



Reporting Centre Personnel's Signature
Name: S. K. S.
NRIC/FIN No.: _____
Date: _____

**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

PROFORMA INVOICE

To: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

PF No. : ZP0000465
Date : 28/11/2020
VRN : SFH 9119 U
Make & Model : BMW 2428i
DOA : 1/10/2020
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			15,500.00
2	Loss of Rental			2,520.00
3	LTA Search			7.45
4	Towing Fee			180.00

TOTAL :	\$18,207.45
----------------	--------------------

I agree to the price as listed above and confirm that
goods are received in good condition.

(Customer's Signature)

(by Zoom Autowerks Pte Ltd)



ZOOM AUTOWERKS PTE LTD

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

Tel: 9450 7920

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 25/10/2019 @ 19:35 along Wong Avenue
Involving vehicles SJL8652J and SEP688F

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SJL8652J at my request, I/We, OZ Car Rental Pte Ltd ("the claimant") of _____ (address) bearing NRIC No 201826382N the owner of motor vehicle no SJL8652J, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 25 day of 10 (month) 20 19 (year)



Signed by "the claimant"

Name: OZ Car Rental Pte Ltd

NRIC No: 201826382N



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Oct 2020 / 08:33:52

Receipt Date/Time : 02 Oct 2020 / 08:33:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201002-000272

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - GBB3258U As at 01 Oct 2020/15:50:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBB3258U Enquiry Fee 20201002083144788097	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	526471XXXXXX0962	eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.

SATISFACTION VOUCHER

I / We, Samuel Khoo Kwang Wee hereby confirm that repairs to my / our
vehicle no. SPH91194 have been completed to my / our satisfaction and
that I / we have collected my / our said vehicle on the under-mentioned date.

Date in: 01/10/2020

Date out: 22/10/2020



Owner's Signature

Name: Samuel Khoo Kwang Wee

NRIC No.:

Date:

Time:

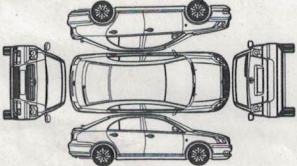
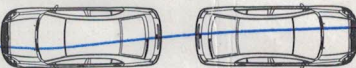


No. 0009003

SUNNY RECOVERY PTE LTD
WhatsApp : 978721158
Email : sunnyrecoverysg@gmail.com

AGENTS

24hrs Recovery Seervices

Job Details: Date : 1.10.20 Time Received : 16:00 Time Arrived : Time Completed : 	Car Details: SFH91194 Car Regn No : Make & Model : BMW M4 Police Force ID : ID : 	Operator Details: Driver's Name : Tow Truck No : Total Mileage (KM) : Driver Signature : 2
Location From: Fishman	Location To: Joo Buh	
	Indicate Damaged Areas On Vehicles  Day/Night Wet/Dry Clean/Soiled Place X On Damage Area For Scratch And Y For Dent	
<input checked="" type="checkbox"/> Accident / Breakdown <input type="checkbox"/> Multistorey / Basement / Shelter <input type="checkbox"/> Car Carrier <input type="checkbox"/> Crane Up / Winch Out <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Change Tyre / Battery	<input type="checkbox"/> Removal Of Axel <input type="checkbox"/> Go Jak <input type="checkbox"/> Collect Key/ Letter <input type="checkbox"/> Transport Charge <input type="checkbox"/> Standb _____ <input type="checkbox"/> Cashcard: Yes/No S\$ _____	
Remarks :		
Customer Name & Signature:	Date:	Phone No:
Release to Name & Signature :	Date :	Phone No :
Payment Details : Cash \$180.	Cheque :	Others

White (Agents Copy)

Green (Customers Copy)

Red (account's Copy)

Yellow (File Copy)