

To: **AXA Insurance Pte Ltd**
8 Shenton Way #24-01
AXA Tower
Singapore 068811

Attn: **Motor Claims Department**

Date: 27th December 2021

Dear Sir/Madam,

Claimant: **Hong Jing Jie Eugene**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 16/11/2021 at along Toa Payoh Lorong 6 involving our client's vehicle registration number SJU 4755 A and vehicle registration number SHA 4378 J 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	\$4,000.00
2) Loss of Rental (SGD\$180.00 x 8Days)	\$1,440.00
3) LTA Search Fee	\$7.45

Total : **\$5,447.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice
- LTA Search Fee Receipt

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, Eunos Spring
#08-1339 Singapore 470130
Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

**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: **AXA Insurance Pte Ltd**
8 Shenton Way #24-01
AXA Tower
Singapore 068811

PF No. : ZP0000610
Date : 27/12/2021
VRN : SJU 4755 A
Make & Model : Honda Stream
DOA : 16/11/2021
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			4,000.00
2	Loss of Rental (SGD\$180.00 x 8Days)			1,440.00
3	LTA Insurance Search			7.45

TOTAL : **\$5,447.45**

All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD** "

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

(by Zoom Autowerks 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 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 Submission 17/11/2021 14:28 (SGT)
Date of Accident 16/11/2021 15:30 (SGT)
Exact Location of Accident Lor 6 Toa Payoh, Singapore
Additional Location Information TOA PAYOH LOR 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU4755A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HONG JING JIE EUGENE
NRIC No SXXXX943J
Email Address AARONKUNLIANG@ICLOUD.COM
Mobile Phone No (Phone) +65-85245324
Alternative Phone No (Home) +65-85245324

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1799

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00109700
Cover Note Number -

DRIVER

Name of Driver KEE KUN LIANG
NRIC No SXXXX245J

Date Of Birth	09/08/1994
Occupation	Outdoor
Date Of Driving Pass	07/11/2017
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-85245324
Alt. Phone Number	-
Email Address	AARONKUNLIANG@ICLOUD.COM
Address	BLK 485B TAMPINES AVE 9 #03-126
Address complement	-
Postcode	521485
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4378J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
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	KEE KUN LIANG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJU4755A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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. 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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

Policyholder's Signature / Date & Time

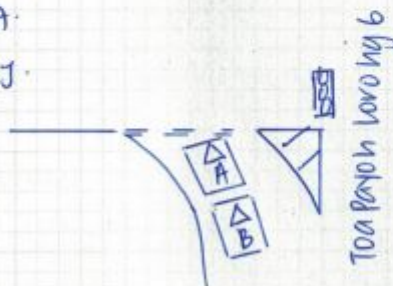
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: 8JU4755A

Vehicle B: 8HA4370J




Describe Circumstances of the Accident

On the stated date & time, I, vehicle A,
JULIETTA, was stationary before the give-way line.
Vehicle B, suddenly collided onto my vehicle's
rear portion.

Declaration

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

Witnessed by Reporting
Personnel



SINGAPORE POLICE FORCE



T/20211117/2003

1 of 4

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20211117/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2021 02:18	Vide Report No.:	Station Diary No.: 11
--	------------------	--------------------------

Informant's Particulars

Name of Informant: KEE KUN LIANG	Address: APT BLK 485B TAMPINES AVENUE 9 #03-126 SINGAPORE 521485		
ID Type / ID No.: NRIC NO / S9431245J	Contact No.:	Mobile: 85245324	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 27	Date of Birth: 09/08/1994	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: WINDOW FILM INSTALLER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2021 15:30	Type of Location: left filter lane
Location: TOA PAYOH EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4378J	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJU4755A	Car	HONDA	STREAM 1.8X A	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211117/2003

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20211117/2003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KEE KUN LIANG	ID No.	S9431245J
Related Vehicle	SJU4755A (Car)	Contact No.	85245324
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/11/2021	Date Discharge	16/11/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 16/11/2021 at about 1530hrs, I was driving my car SJU4755A along Lorong 6 Toa Payoh towards Toa Payoh East when turning in the left filter lane. I slowed down and stopped when a motorcyclist travelling along Toa Payoh East rode at a high speed. A car SHA4378J collided with my rear of my car after a few seconds. The driver of the vehicle came out and we took pictures of the damages.

The rear bumper of my vehicle was slightly damaged due to the impact while the other vehicle has a hole and dent at the front of the car. Subsequently, we exchanged our contact number. I informed the owner of the car SHA4378J that I will be claiming the damages via insurance and he acknowledged. I drove to nearest hospital, Mount Alvernia to seek treatment and was given 5 days of MC dated 16/11/2021 to 20/11/2021 due to the trauma of the collision. X-ray was taken but results will only be out of 17/11/2021.

I was given medications as follows:
ANAREX (PARA450/ORPH35) - Qty 30
ARCOXIA TAB 120MG - Qty 5
FASTUM GEL 30G - Qty 1
KNEE 1 - Qty 1
LUMBAR SPINE - Qty 1
NECK (2 VIEWS) - Qty 1
OUTPATIENT NURSING SERVICE - Qty 1
RADIOGRAPHER CALL BACK 1 - Qty 1
RMO CONSULTATION FEE - Qty 1
RMO CONSULTATION FEES (DAY) EXTENDED - Qty 1

Total Amount: SGD\$420.90/-

Company details:
ZWF
Eugene
83282949



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20211117/2003

Report No. T/20211117/2003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G /
Sgt 2 NEO HAO CHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/11/2021 02:18

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476438



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp
NP-153



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: S66550020G / 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 : SC0S21BH0001 Vehicle Registration No: SJU 4755A
 Name (as shown in NRIC) : KEE KUN LIANG NRIC/FIN/Passport No : S94312453
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 485B TAMPINES AVE 9 #03-126 Singapore (521485)
 Contact (Tel) : _____ Mobile No. : 85245324
 Email Address : AARON KUNLIANG@ICloud.COM
 Date of Accident : 16-11-2021 Time of Accident : 15:30
 Place of Accident : TDA RYOH LOR 6
 Insurance Company : ECICS LIMITED

(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 wish to add in accident vehicle photos.

 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: kaun fm
 Date:



















CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
 Road Transport (Amendment) Act, 2019 (Malaysia)

AUTHORISED WORKSHOPS

MZ300
 COMPREHENSIVE
 ORIGINAL

CERTIFICATE NO: MPC21P00109700 AGENCY NAME: BCVRD Private Limited AGENCY CODE: A0000183 1.Index Mark and Registration Number of Vehicle: SJU4755A 2.Name of Policyholder: HONG JING JIE EUGENE 3.Period of Insurance (both dates inclusive): 31-05-2021 to 30-05-2022 4.Persons or Classes of Persons entitled to drive a) The Policyholder and all Named Drivers declared under the policy b) Any other person who is driving on the Policyholder's order or with his 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. 5.Limitations as to use Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. 6. EXCESS APPLICABLE <table style="width: 100%;"> <tr> <td style="width: 60%;">WINDSCREEN</td> <td style="text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION I - INSURED/NAMED DRIVER</td> <td style="text-align: right;">SGD 1000.00</td> </tr> <tr> <td colspan="2">ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:</td> </tr> <tr> <td>SECTION I - UNNAMED DRIVERS</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td>SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> </table>	WINDSCREEN	SGD 100.00	SECTION I - INSURED/NAMED DRIVER	SGD 1000.00	ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:		SECTION I - UNNAMED DRIVERS	SGD 500.00	SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00	CHASSIS NO. RN61064098 ENGINE NO. R18A1771247 Signed for and on behalf of ECICS Limited <div style="text-align: center;">  <hr style="width: 100px; margin: 0 auto;"/> AUTHORISED SIGNATORY </div>
WINDSCREEN	SGD 100.00										
SECTION I - INSURED/NAMED DRIVER	SGD 1000.00										
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:											
SECTION I - UNNAMED DRIVERS	SGD 500.00										
SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00										

Important Notice:

- i. Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii. On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii. The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv. The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

**LETTER OF AUTHORIZATION**

Accident on 16/11/2021 @ 15:30 along TOA Payoh Lorong 6.
Involving vehicles 8JU4755A and SHA4378J.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no 8JU4755A at my request, I/We, Hong Jing Tie Eugene. ("the claimant") of _____ (address) bearing NRIC No S8843943J. the owner of motor vehicle no 8JU4755A, 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 16 day of 11 (month) 20 21 (year)

Signed by "the claimant"

Name: Hong Jing Tie Eugene.

NRIC No: S8843943J



Signed by Zoom Autowerks Pte Ltd

Name: ETIN CAN

INVOICE



Dream Car Leasing Pte. Ltd. (Co. Reg. 201420013Z)

155 Shun Li Industrial Park, Kaki Bukit Ave 1, #02-01, S(416012)

Tel: 6748 9747

Mobile: 8128 8789 / 9845 1151

BILL TO

INVOICE #

1038

INVOICE DATE

1/12/2021

ATTN: KEE KUN LIANG (S9431245J)

C/O ZOOM AUTOWERKS PTE LTD

BLK 485B TAMPINES AVE 9

#03-126

Singapore 521485

DESCRIPTION

AMOUNT

Rental of TOYOTA WISH (SJK 7122J) from 16/11/2021 to 24/11/2021

Remarks : SJU 4755A

TOTAL \$1,440



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Nov 2021 / 22:32:52

Receipt Date/Time : 16 Nov 2021 / 22:32:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211116-004358

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 - SHA4378J				
As at 16 Nov 2021/15:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHA4378J Enquiry Fee 20211116223141643898	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.