

**We do not accept service of Court documents by fax.**

Our ref: AP/2022/004741

Your ref: SKJ80K

Date: 21 June 2022

Secretary in charge: Caroline

Secretary's email: caroline@aplp.com.sg

**LOW ZHI YU JANUS**

20 Phoenix Garden

Singapore 668287

**By POST****(Without attachments)****Liberty Insurance Pte Ltd****Insurer of SKJ80K**

51 Club Street

#03-00

Singapore 069428

**By EMAIL****(With attachments)**

Dear Sirs,

**WITHOUT PREJUDICE****CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 28 MARCH 2022 AT ABOUT 0925 HRS INVOLVING MOTOR VEHICLES NO(S). SLT7369T AND SKJ80K AND SKS1159P AND SLX5749Y ALONG PIE TOWARDS CHANGI BEFORE BALESTIER ROAD AND TOA PAYOH EXIT**We act for **LIN XIAORONG**, owner of **SLT7369T**.We are instructed by our client to claim damages against you/your insured in connection to the above-mentioned road traffic accident between our client and your/your insured's vehicle **SKJ80K**.

We are instructed that the above-mentioned road traffic accident was caused by your/your insured's negligence / the negligence of your authorised driver in the driving, management and/or control of your/your insured's vehicle.

As a result of the abovementioned road traffic accident, our clients' vehicle was damaged and our clients has been put to loss and expense, particular of which are as follows:

**COSTS OF REPAIR** **\$ 9,200.00****LOSS OF USE/RENTAL** **\$ 1,860.00**

- Pre-repair \$ 240.00  
(02 days including intervening weekend @ \$120.00 per day)

- Loss of use/rental during repair works \$1,620.00  
(09 days including intervening weekend @ \$180.00 per day)

**Our Legal Costs with GST (At this stage)** **\$ 1,605.00****Disbursements (To-date)** **\$ 904.99**

1.	Survey Report Fees	\$ 650.00
2.	GIA / LTA searches fee	\$ 94.49
3.	Other Incidentals with GST	\$ 160.50

**Total** **\$ 13,569.99**

We enclose herewith the following supporting documents for your attention:

- a. Our client's Singapore Accident Statement;
- b. Copy of repair bill from our client's workshop;
- c. Copy of our client's rental bill;
- d. Copy of our client's surveyor report;
- e. Copy of the survey report tax invoice;
- f. Copies of receipts for GIA / LTA searches;

In compliance with the pre-action protocol under the State Courts' Practice Direction 37, we had notified your insurer of the above-mentioned road traffic accident and to the best of our knowledge, your insurer had arranged for the pre-repair inspection of our client's vehicle.

*Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer*

*Please note that you or your insurer should send to us an acknowledgement of receipt to us within fourteen (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 to you or your insurer*

*Please also note that if you a counterclaim against our client arising out of the above-mentioned accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter*

*Should you fail to acknowledge receipt of this letter within fourteen (14) days, our client may commence Court proceedings against you without further notice to you or your insurer. For the avoidance of any doubt, **this letter serves as notice under Section 9(3) of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189)** of our client's intention to commence proceedings against you and/or your authorised driver.*

Yours faithfully,



**A P LAW PRACTICE LLC**

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## 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 .....	29/03/2022 10:53 (SGT)
Date of Accident .....	28/03/2022 09:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS CHANGI BEFORE BALESTIER ROAD AND TOA PAYOH EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT7369T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIN XIAORONG
NRIC No .....	S7174936C
Email Address .....	superkennycheng@yahoo.com
Mobile Phone No .....	(Phone) +65-96646008
Alternative Phone No .....	+65-96646008

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	C-HR HYBRID 1.8G CVT
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 .....	1797

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	A 300309153 QMY
Cover Note Number .....	09/05/2021 TO 08/05/2022

#### DRIVER

Name of Driver .....	CHENG GONG
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NRIC No .....	S7584269D
Date Of Birth .....	09/08/1975
Occupation .....	Indoor
Date Of Driving Pass .....	20/02/1999
Driving experience .....	23 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91837855
Alt. Phone Number .....	-
Email Address .....	superkennycheng@yahoo.com
Address .....	APT BLK 623 BUKIT BATOK CENTRAL #03-672 (S) 650623
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	4
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LIN XIAORONG
Gender .....	Female

#### 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 WITH ATTACHED.

#### 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 .....	SKJ80K
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Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKS1159P
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLX5749Y
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	CHENG GONG
Gender .....	Male
Phone No .....	(Phone) +65-91837855
Address .....	APT BLK 623 BUKIT BATOK CENTRAL #03-672 (S) 650623
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BOK FAMILY CLINIC PTE LTD - 3 DAYS MC
Injured person in which vehicle? .....	SLT7369T
Were seat belts worn? .....	-

Was this injured conveyed to hospital by ambulance? ..... -

**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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: SLT 7369T

B: SKJ 80K

C: SKS 1159P

D: SLX 5749Y

A B C D

## Describe Circumstances of the Accident

Refer to attached police report.

## 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

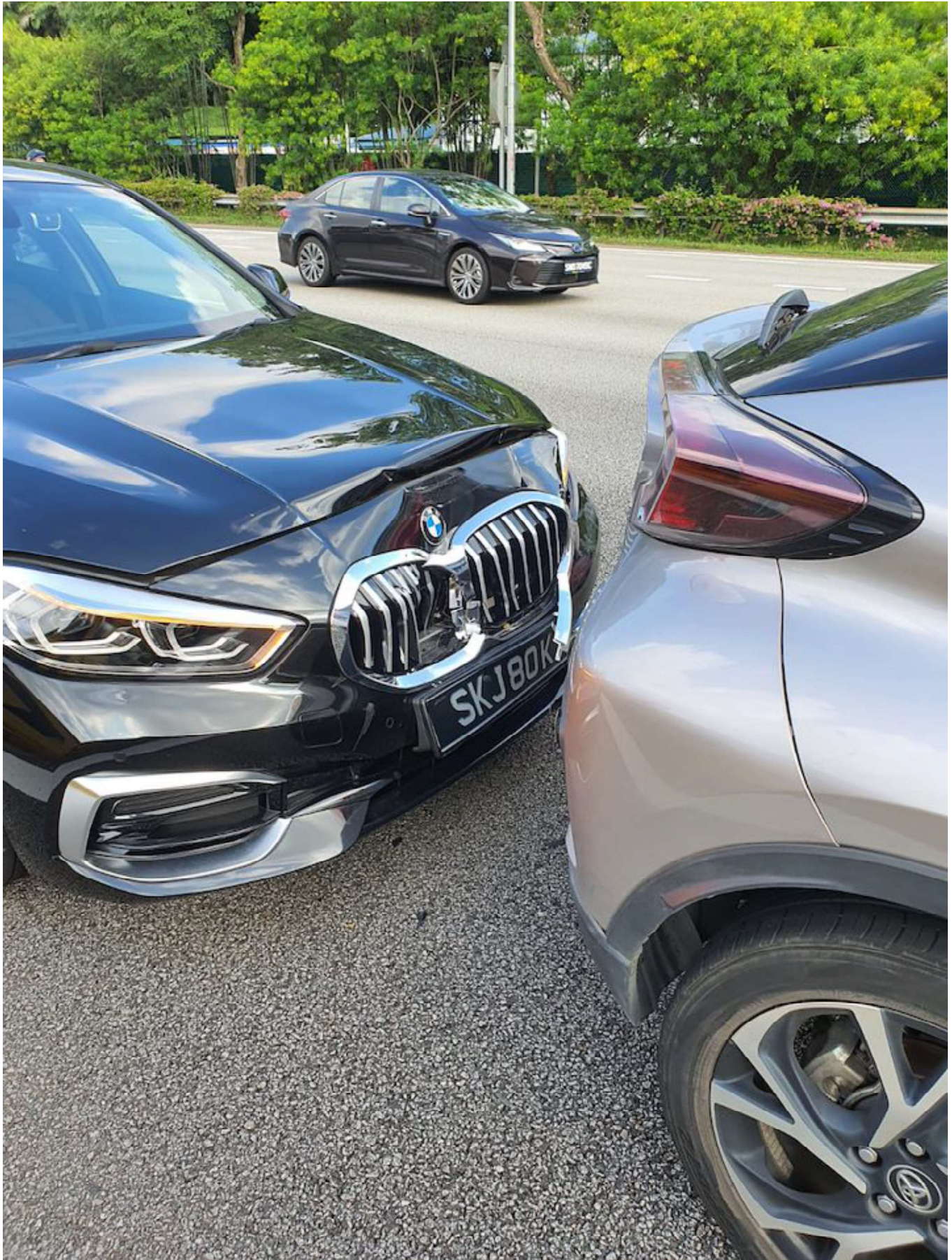


Witnessed by Reporting Centre  
Personnel





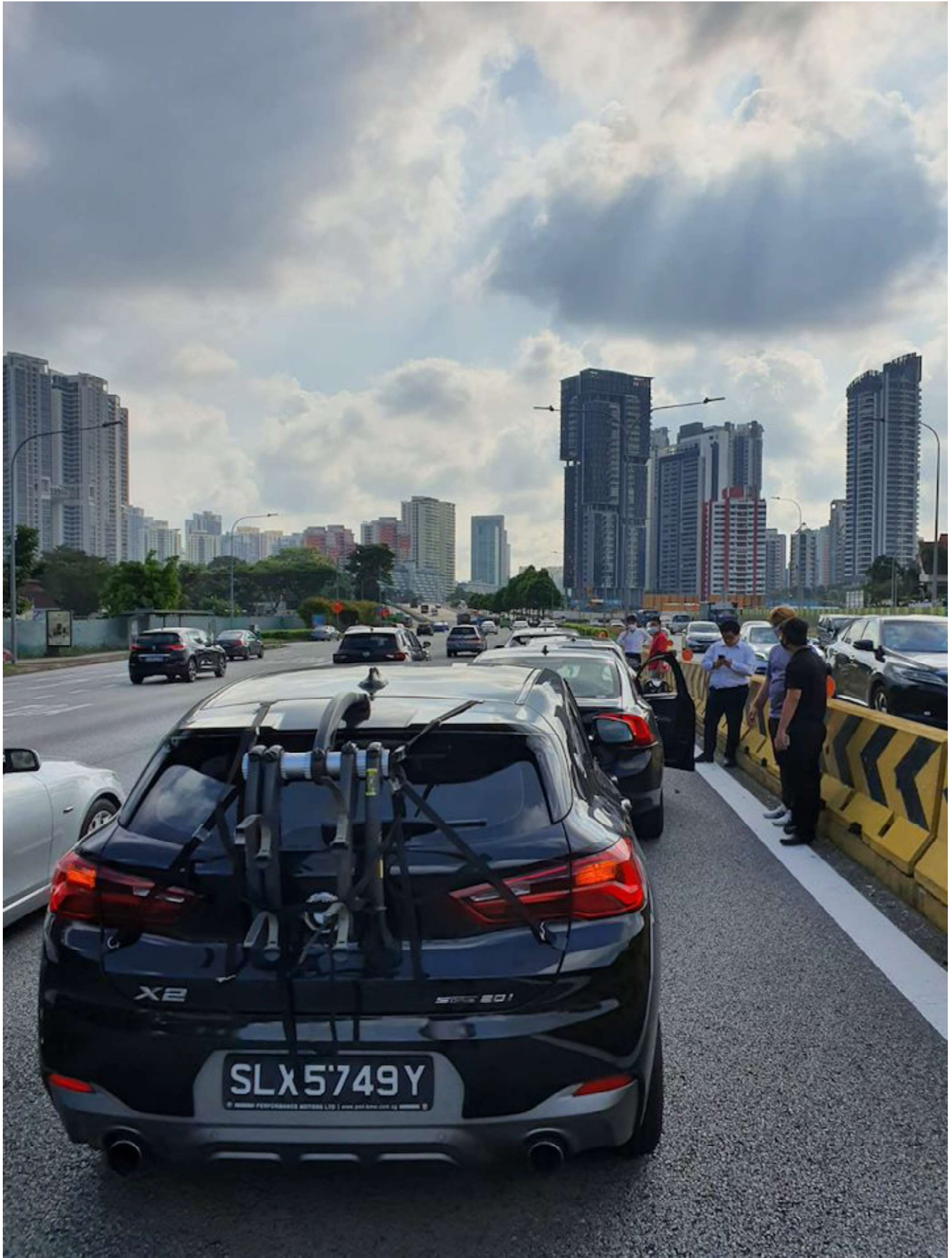




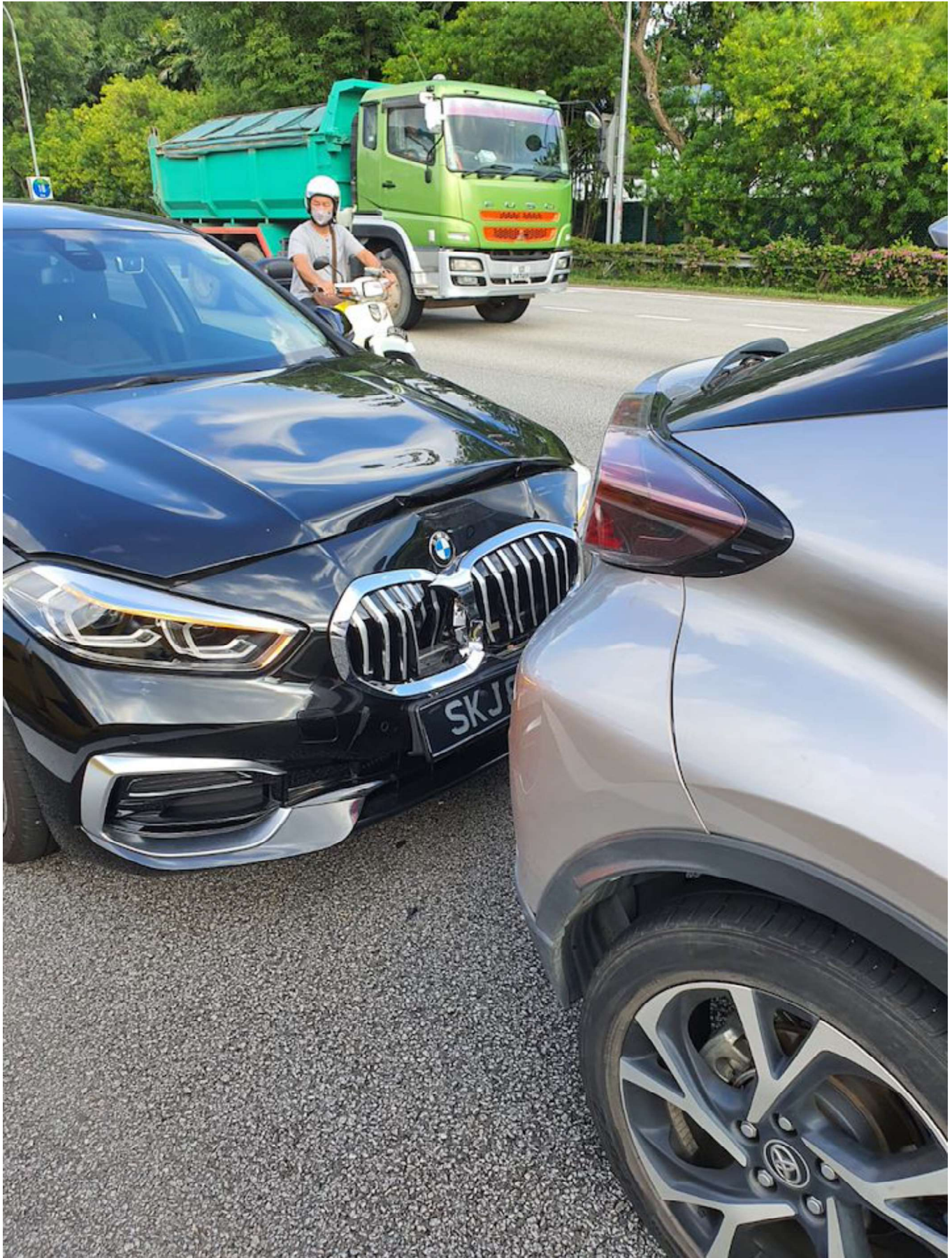




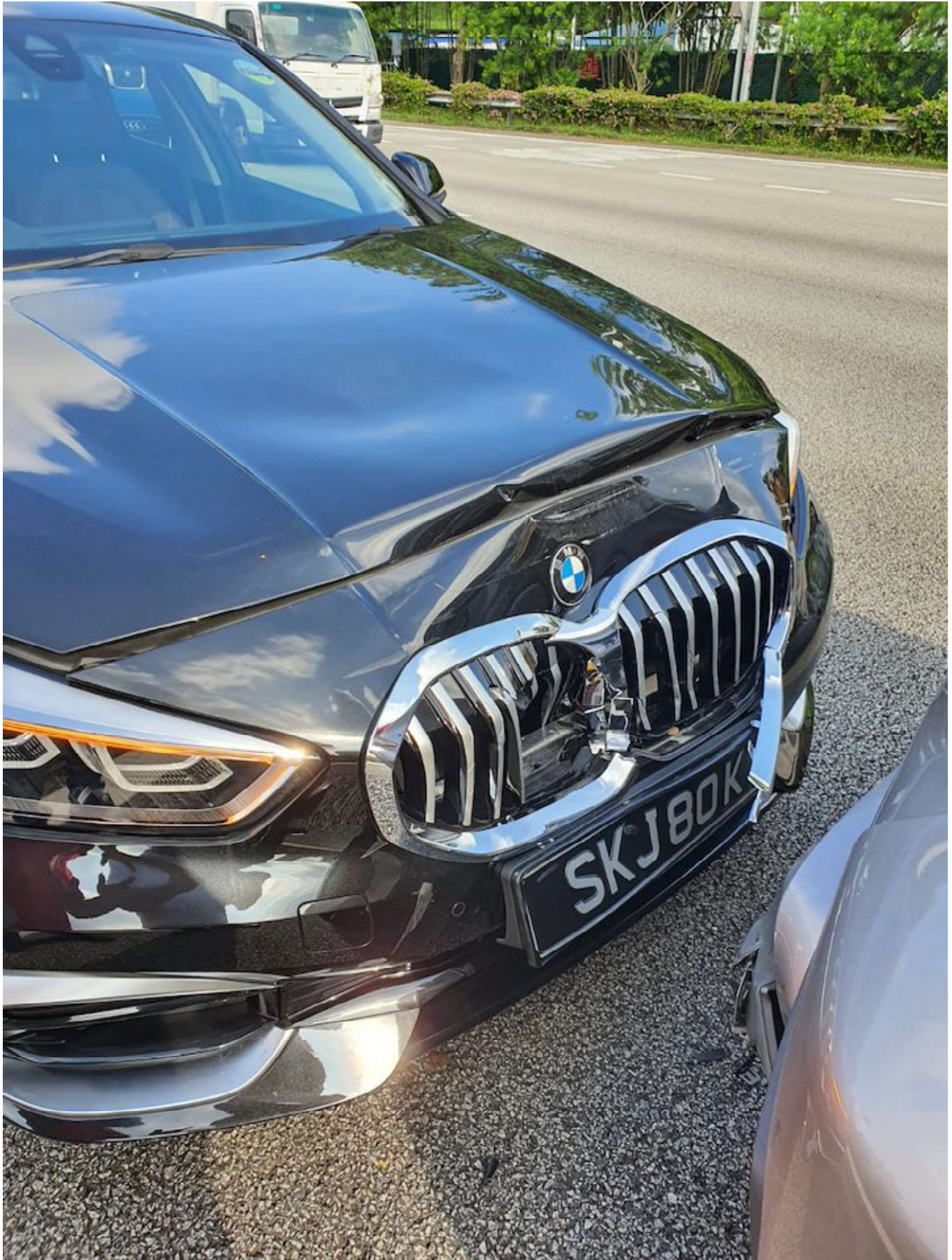








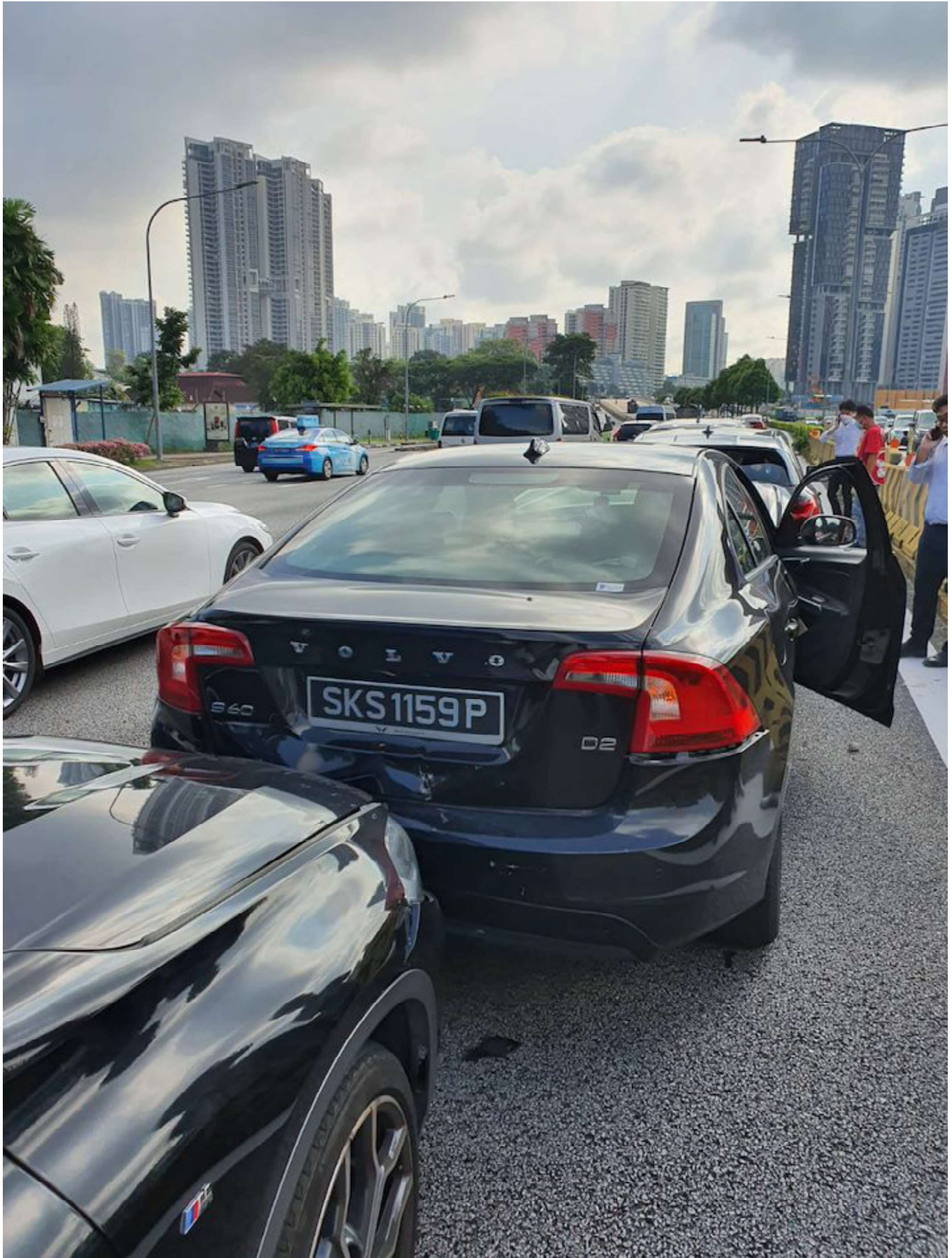




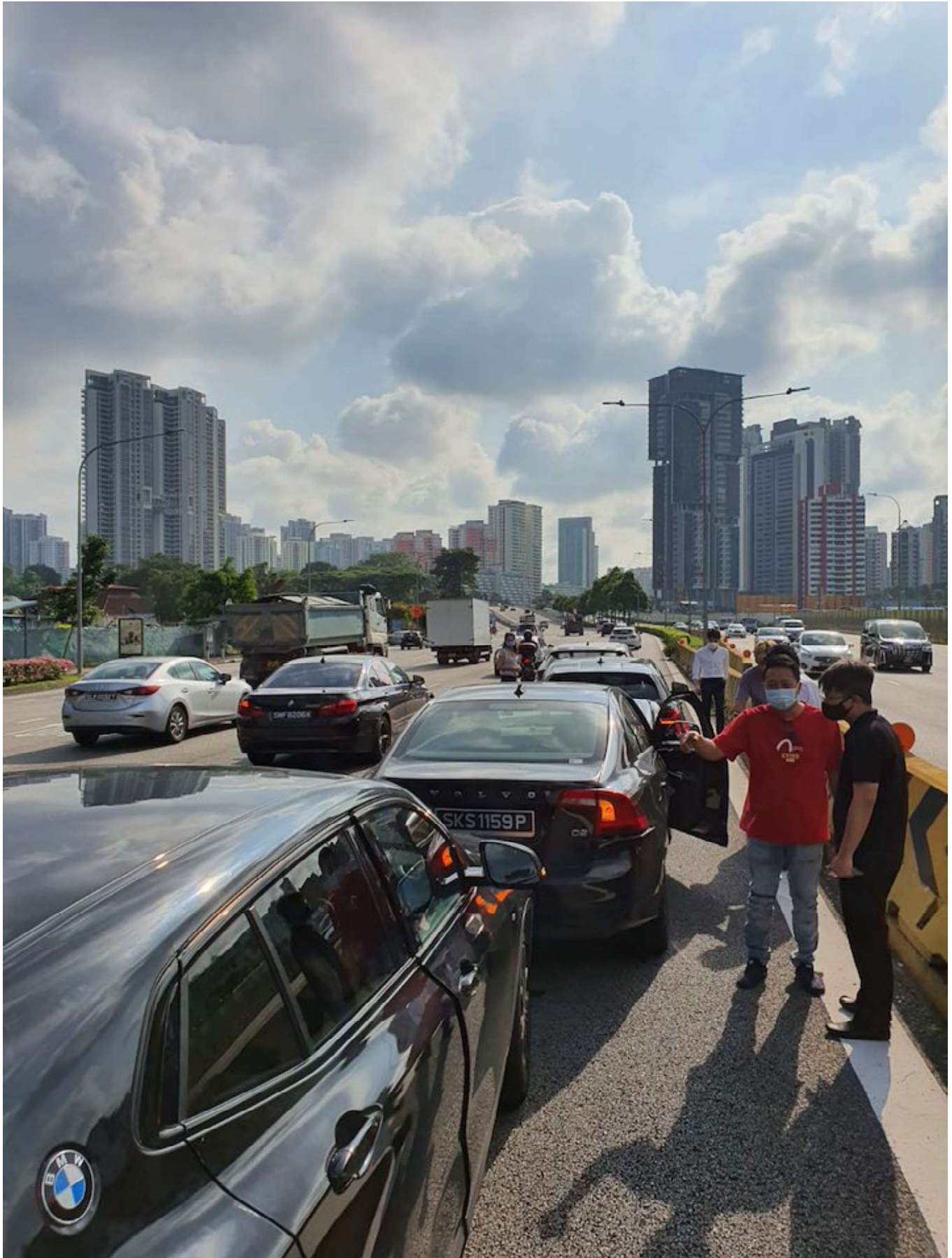














































**SINGAPORE  
POLICE FORCE**



T/20220328/7046

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

1 of 3  
Report No. T/20220328/7046

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2022 15:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHENG GONG			Address: 623 BUKIT BATOK CENTRAL #03-672 SINGAPORE 650623		
ID Type / ID No.: NRIC NO / S7584269D			Contact No.: Home/Office: Mobile: 91837855		
Nationality: SINGAPORE CITIZEN			Email: SUPERKENNYCHENG@YAHOO.COM		
Sex: Male	Age: 46	Date of Birth: 09/08/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Teacher			Driving Licence Information: Class: 3		Date of Expiry:

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2022 09:25	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKJ80K	Car	BMW		Black		1
SKS1159P	Car	VOLVO		Black		0
SLT7369T	Car					0
SLX5749Y	Car	BMW		Black		0



**SINGAPORE  
POLICE FORCE**



T/20220328/7046

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

2 of 3  
Report No. T/20220328/7046

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHENG GONG	ID No.	S7584269D
Related Vehicle	SLT7369T (Car)	Contact No.	91837855
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/03/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the above mentioned date & time, I was travelling on PIE towards Changi before Balestier Exit. The traffic in front stopped and I follow suit to stop. Suddenly, vehicle B, SKJ80K could not stopped in time and hit onto my vehicle rear portion. When I alighted, I realised it was a chain collision. A total of 4 cars were involved. After which, I felt pain and nauseous therefore, I went to seek medical attention and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220328/7046

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

3 of 3  
Report No. T/20220328/7046

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476201

NP168

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

Date/Time:  
28/03/2022 15:55

Classification Of Case:



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: \_\_\_\_\_ Vehicle Registration No: SLT 7369 T  
 Name (as shown in NRIC): Cheng Tong NRIC/FIN/Passport No: \_\_\_\_\_  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Apt blk 622 Bukit Merah Central # 03-872 Singapore (650623)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 91837855  
 Email Address: \_\_\_\_\_  
 Date of Accident: 28/3/2022 Time of Accident: 0925 am  
 Place of Accident: pie towards changi before barlester road  
and to a road  
 Insurance Company: North Insurance (S) pte ltd

**(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:

Attach Police Report & medical leave  
certificate  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[Signature]  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

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



**BOK FAMILY CLINIC PTE LTD**  
 117 BEDOK RESERVOIR ROAD #01-58 , SINGAPORE 470117  
 Tel: 6747 8200 Fax: 6749 0275

**INVOICE**

CHENG GONG  
 623 BUKIT BATOK CENTRAL  
 #03-672  
 S(650623)

Invoice No. : 95176  
 Our Reference : 47294  
 Date : 28 Mar 2022

Patient : CHENG GONG (S7584269D)

Attending Doctor : DR BOK TECK SUN

DESCRIPTION	QTY	FEE
NOVOMIN 50MG (NAUSEA/VOMIT)	10.00 tabs	\$7.00
ETORICOXIB 120MG (PAINKILLER)	5.00 tabs	\$10.00
NORGESIC (MUSCLE RELAXANT)	12.00 tabs	\$9.00
XANAX 0.5MG (RELAX)	5.00 tabs	\$8.00
CONSULTATION		\$35.00
Total Amount Payable		\$69.00
Receipt No. 100124 - NETS Payment Received		\$69.00
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :

**BOK FAMILY CLINIC PTE LTD**

This is a computer generated invoice which does not require a signature

BOK FAMILY CLINIC PTE LTD  
117 BEDOK RESERVOIR ROAD #01-58 , SINGAPORE 470117  
Tel: 6747 8200 Fax: 6749 0275

### Medical Certificate

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Date : 28 Mar 2022

MC No. : 0000030921

This is to certify that :

Name : CHENG GONG

NRIC : S7584269D

is Unfit for Duty for 3 days

from 28 Mar 2022 to 30 Mar 2022 inclusive.

Dr. BOK TECK SUN  
M.B.B.S. (S'pore)  
MCR NO. 04576D

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DR BOK TECK SUN

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



RECORD MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 30/03/2022

**Your Ref No: 004741**

Dear Sir/Madam,

Date of Accident: 28/03/2022 00:00 (SGT)

Vehicle No: SLT7369T

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
<b>SKJ80K</b>	Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.





RECORD MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 30/03/2022

**Your Ref No: 004741**

Dear Sir/Madam,

Date of Accident: 28/03/2022 00:00 (SGT)

Vehicle No: SLT7369T

Place of Accident: PIE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
<b>SKS1159P</b>	PIE, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

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RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

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Date of Request: 30/03/2022

**Your Ref No: 004741**

Dear Sir/Madam,

Date of Accident: 28/03/2022 00:00 (SGT)

Vehicle No: SLT7369T

Place of Accident: PIE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
<b>SLX5749Y</b>	PIE, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

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Thank you.

This is a computer generated document and requires no signature.



# Thank you

Hoon Ang Ping has successfully logged out.

Your last login date and time was 29 Mar 2022, 13:37:19.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No. <sup>1</sup>	Asset Type <sup>2</sup>	Asset ID <sup>3</sup>	Asset Owner ID <sup>4</sup>	Transaction Type <sup>5</sup>	Transaction Amount(S\$) <sup>6</sup>
1	Vehicle	SKJ80K	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49

# SHENG LI LAI AUTO LEASING

Workshop : Kaki Bukit Autohub 2 Kaki Bukit Ave 2 #01-36, S(417921)

Tel:68420302 Fax :67460295

UEN: 53368801M

## NETT INVOICE

### CHENG GONG

BLK 623 BUKIT BATOK CENTRAL

#03-672

SINGAPORE 650623

TEL: 91837855

Invoice No : 2022024

Invoice Date : 07/04/22

Due Date : 07/04/22

VHA No : 00717

Client: SLT7369T

SKG5423M

Description	Amount
Rental for 9 Days @ \$180 per day	\$1,620

Period: 30 Mar 2022 to 07 Apr 2022

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**Total Amount: \$1,620**