

**Tax Invoice**

**Bill To :**

Cash Sales

Ms Sum [REDACTED]

c/o Ms Susanne

**Phone :**

**Email :**

**Fax :**

**Invoice No :** HMA2004-0099

Invoice Date : 30/04/2020

Payment Terms : Prepaid

Page : 1 of 1

**Attention :**

**Patient Name:** SUM [REDACTED]

Your Ref No.	Service Rendered	Start Date	Sales / Referral Person	Payment Due Date
	Air Ambulance Service	1/5/2020		30/4/2020 12:00:00 A

Description	Gross Amount S\$
Air Ambulance Service from Singapore to Semarang	28,400.00

Date of Service: 1 May 2020

**Inclusive of:-**

- Aircraft Charter
- Medical Equipping in Flight
- Coordination, Logistics and Liaison
- Road Ambulance Transfer

**Gross Total** 28,400.00  
**Add: GST @ 7%** 0.00  
**Balance Due** 28,400.00

- Bank Charges to be borne by Payor

WIRED TRANSFER INSTRUCTIONS  
Account Name : Hope Medflight Asia Pte Ltd  
Account Number : 591-755475-001 SGD

BENEFICIARY BANK --  
Oversea-Chinese Banking Cooperation Limited, Singapore  
65 Chulia Street, Singapore 049513  
SWIFT Code: OCBCSGSG

This is a computer-generated document and no signature is required.

**HOPE MEDFLIGHT ASIA PTE LTD + www.hope-flight.com + accounts@hopemedflight.com**  
**24H-Helpline: (65) 6100 1911 + Office: (65) 6720 6005 + Fax: (65) 6720 6007**