



CYCLE & CARRIAGE

**CYCLE & CARRIAGE FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE**

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

**ESTIMATE**

Invoice Name & Address	Owner Name & Vehicle Info	
ROHIMAN BIN AMAN	Cust No/Name	LCV04334/CCKPDI
	Reg No/Reg Date	SLV3529P /
	Date In/Mileage	06/02/2018/ 0
	Chassis No	KNAHU815VJ7188202
	Engine No	D4FDHU109196
	Make/Model	KIA CARBENS 1.1 L 4 DOOR
	Colour, Trim	
Contact No Mobile:98581456		

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00001	Cash	06/02/2018/ 16:08	DS	218 / MarsLer	52014

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
S MIPNT88088 TO CHECK LIGHTING AND WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS				80.00
S MIPNT88088 TO SCANNING AND PROGRAMMING FRT ASSISTANT SENSOR SYSTEM				250.00
S MIPNT88088 TO REPLACE FRT BUMPER,SUPPORT PANEL,ETC -REPAIR BOTH FRT FENDER STRAIGHTEN,REFORM,ALIGN ON FRT ACCIDENT AFFECTED AREAS				3000.00
S MIPNT88088 TO APPLY SEALANT KIT ON NEW PANEL				200.00
S MIPNT88088 TO REMOVE AND RE-INSTALL RAD&A/C CONDENSER TO GIVE WAY FACILATATE REPAIR ON FRT ACCIDENT AFFECTED AREAS				280.00
S MIPNT98088 SPRAY PAINTING ON FRT ACCIDENT AFFECTED AREAS				2100.00
M KS 86511 A4 820 COVER FR-BUMPER	1.00	0.00	10.00	
M KS 86517 A4 800 CAP-FRONT HOOK	1.00	0.00	10.00	
M KS 86350 A4 810 GRILLE ASSY-RADIATOR	1.00	0.00	10.00	
M KS 86585 A4 800 UPR FRT BMPR CTR BRA	1.00	0.00	10.00	
P KS 86366 A4 000 COVER - RADIATOR GRI	1.00	55.00	10.00	49.50
P KS 86357 A4 000 STRIP ASSY - FRONT B	1.00	32.00	10.00	28.80
P KS 86320 A4 000 EMBLEM - KIA	1.00	76.00	10.00	68.40
M KS 86561 A4 810 GRILLE-FR BUMPER	1.00	0.00	10.00	
M KS 86565 A4 800 SKID PLATE-FR BUMPER	1.00	0.00	10.00	
M KS 86525 A4 800 LIP FRT BUMPER	1.00	0.00	10.00	
M KS 86520 A4 800 ABSORBER-FRT BUMPER	1.00	0.00	10.00	
M KS 86551 A4 000 LH BRACKET - FRT BUM	1.00	12.00	10.00	10.80
M KS 86552 A4 000 RH BRACKET - FRT BUM	1.00	12.00	10.00	10.80
M KS 86513 A4 800 LH SIDE BRACKET	1.00	0.00	10.00	
M KS 86514 A4 800 RH SIDE BRACKET	1.00	0.00	10.00	
M KS 86581 A4 800 HOLDER PARKING ASSIS	1.00	0.00	10.00	
M KS 86582 A4 800 HOLDER PARKING ASSIS	1.00	0.00	10.00	

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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EUNOS LINK SERVICE CENTRE**

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

**ESTIMATE**

Invoice Name & Address	Owner Name & Vehicle Info
ROHIMAN BIN AMAN	Cust No/Name LCVO4334/CCKPDI
	Reg No/Reg Date SLV3529P /
	Date In/Mileage 06/02/2018/ 0
	Chassis No KNAHU815VJ7188202
	Engine No D4FDHH109196
	Make/Model KIA/CARENS 1.7 A D SX FL DY6
	Colour/Trim K7N / WK
Contact No Mobile:98581456	

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00001	Cash	06/02/2018/ 16:08	DS	218 / MarsLer	52014

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M KS 86583 A4 800 HOLDER PARKING ASSIS	1.00	0.00	10.00	
M KS 86584 A4 800 HOLDER PARKING ASSIS	1.00	0.00	10.00	
M KS 95720 A4 100K 7N ULTRASONIC SFNSOR	1.00	0.00	10.00	
M KS 91895 A4 020 WIRING HARNESS, FWS L	1.00	0.00	10.00	
M KS 92202 A4 500 RHF FOG LAMP ASSY	1.00	0.00	10.00	
M KS 86522 A4 810 RHF FOG LAMP COVER	1.00	0.00	10.00	
M KS 64101 A4 000 CARRIER ASSY - FRONT	1.00	628.00	10.00	565.20
M KS 92101 A4 160 LH LAMP ASSY-HEAD	1.00	1558.00	10.00	1402.20
M KS 92102 A4 160 RH LAMP ASSY-HEAD	1.00	1558.00	10.00	1402.20
P JJMR200300 CLIP, BUMPER	10.00	2.00	10.00	18.00
M JJMZ313950 COOLANT	4.00	26.00	10.00	93.60

Estimate

Z NOTES
 ACCIDENT ON 06/02/2018 ALONG BLK 301 UBI AVE 1 OPEN CARPARK
 OWNER CLAIMING THIRD PARTY
 REQUIRED REPLACEMENT CAR
 TP : YP5275K TP INS : AXA

Confirm & accepted by	Parts	3,649.50
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	5,910.00
	Others(Lub,etc)	0.00
	Sundry	0.00
Authorized signatory and company stamp	Total(w/o GST)	9,559.50

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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 ability.
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	06/02/2018 12:41
Date Of Accident	06/02/2018 10:45
Exact Location Of Accident	BLK 301 UBI AVE 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3529P
Insured/Policyholder	
Name Of Registered Owner	ROHIMAN BIN AMAN
NRIC No	S1282662A
Email Address	ROYMAN500@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98581456
Alternative Phone No	HOME-67289597

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700091760
Cover Note Number	

Driver

Name of Driver	ROHIMAN BIN AMAN
NRIC No	S1282662A
Date Of Birth	08/05/1957
Occupation	INDOOR
Date Of Driving Pass	27/11/1979
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581456
Fax Number	
Contact Number	HOME-67289597
EEmail Address	ROYMAN500@GMAIL.COM

Address	BLK 322 UBI AVENUE 1 #04-605 SINGAPORE
Postcode	400322
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	0

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

DURING I PREPARED TO COLLETED MY VEHICLE AT BLK 301 UBI AVE 1 LOT 359, I REALIZED MY FRONT PORTION DAMAGE AND BUMPER DROP OFF, ONE GUY STAND INFRONT OF MY CAR SNAP PHOTO, AFTER I ASKING HIM, HE IS THE ONE DAMAGE OF MY CAR. HE HAD LEFT ONE NOTE GOT INDICATED HIS PARTICULARS AT MY WINDSCREEN, HE ADMIT HE IS THE ONE LORRY DRIVER DAMAGE OF MY CAR.

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	YP5275K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMED ARIFFIN BIN ABU YAMIN
NRIC/Passport Number	S0155973G
Contact Number	92341759
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

BASIC INFORMATION		
Date of Report:	612118	Time: 1210
Date of Accident:	612118	Time: 1045
Exact Location of Accident:	BLK 301 Ubi Ave 1 open carpark.	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number:	SLV 3529P.	Name of Registered Owner: Rohiman Bin Aman
NRIC/Passport No./FIN:	S1282662A	Company Reg. No.(for Company Veh):
VEHICLE PARTICULARS		
Manufacturer:	KIA	Model: CARENS 1.7A
Exact Purpose for which vehicle was being use at time of Accident	<input type="checkbox"/> Normal Usage	<input checked="" type="checkbox"/> Others Parking
Are You Claiming Under Your Own Insurance ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private car	<input type="checkbox"/> Commercial Vehicle
<input type="checkbox"/> NO 3rd Party		
INSURANCE DETAILS		
Name of Insurance:	AIG	
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party
Policy Number:	1700091760	
Driver when the Accident Happen		
Name of Driver:	Rohiman Bin Aman	NRIC/Passport/Fin No: S1282662A.
Date of Birth:	08/05/1957.	Occupation: Manager
Date of Driving Pass:	27/11/1979	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	98581456.	Home No.: 67289597.
Address:	BLK 322 Ubi Avenue 1 #04-605 (S)	Postal Code 400322
Email Address:	royman500@gmail.com	
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No State the relationship of the driver to insured owner
Vehicle Registration Number of driver's Own Vehicle:	-	
Insurance Company:	-	
OTHER INFORMATION OF THE ACCIDENT		
Type of Accident:	damaged whilst parked	
Weather Condition:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify
Was Anybody Injured:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was the Accident reported to police:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Number of Passengers(Including Driver):	0	
Was there any video captured by your Camera? :	NO	
Was there any audio recording? :	NO.	
Which Police Station:	-	
Was notice of Intended Prosecution given :	-	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)		
Vehicle Registration Number:	YP 5275K.	Name of Registered Owner:
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):
Name of Driver:	Mohd. Ariffin	NRIC/Passport/Fin No: S0155973G
Mobile No.:	92341759.	Home No.:
Address:		Postal Code
Email Address:		
Insurance Company:		
Details of Passenger if any		
Passenger Name:		
Contact Number:		
Gender		
Details of Injured Person		
Name :	Age :	
Address		
Injured Sustained :	Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 lodgment 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.

 6-2-18

Policyholder's Signature
Date & Time: 12.30 pm

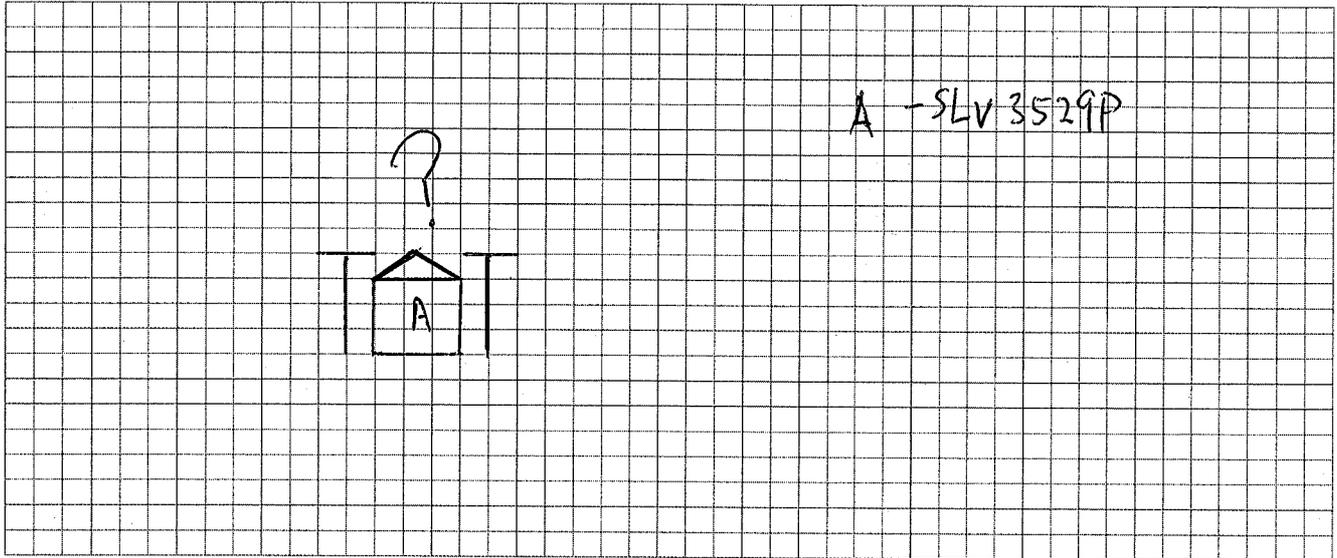
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



SKETCH PLAN

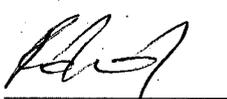


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

During I prepared to collected my vehicle at BLK 301 Ubi Ave | lot 359, I realized my front portion damage and bumper drop off, one guy stand in front of my car snap photo, after I asking him, he is the one damage of my car. He had left one note got indicated his particulars at my windscreen, he admit he is the lorry driver damage of my car

DECLARATION

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

 6/2/18
 Policyholder's Signature

Date & Time: 12.30 pm

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


 Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Rohiman Bin Aman
Period of Insurance : 28 Dec 2017 To 27 Dec 2018
Engine No. : D4FDHH109196
Chassis No. : KNAHU815VJ7188202

Vehicle No. : SLV3529P
Policy No. : 1700091760
Endorsement No. :
Issued Date : 08 Jan 2018

ABOUT THE COVER

Make/Model : KIA Carens 1.7 Diesel SX
Engine Capacity/Tonnage : 1,685.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

Person 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.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.
You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

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

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Rohiman Bin Aman - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
3. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500710050

C&C FULCO-CORP SALES

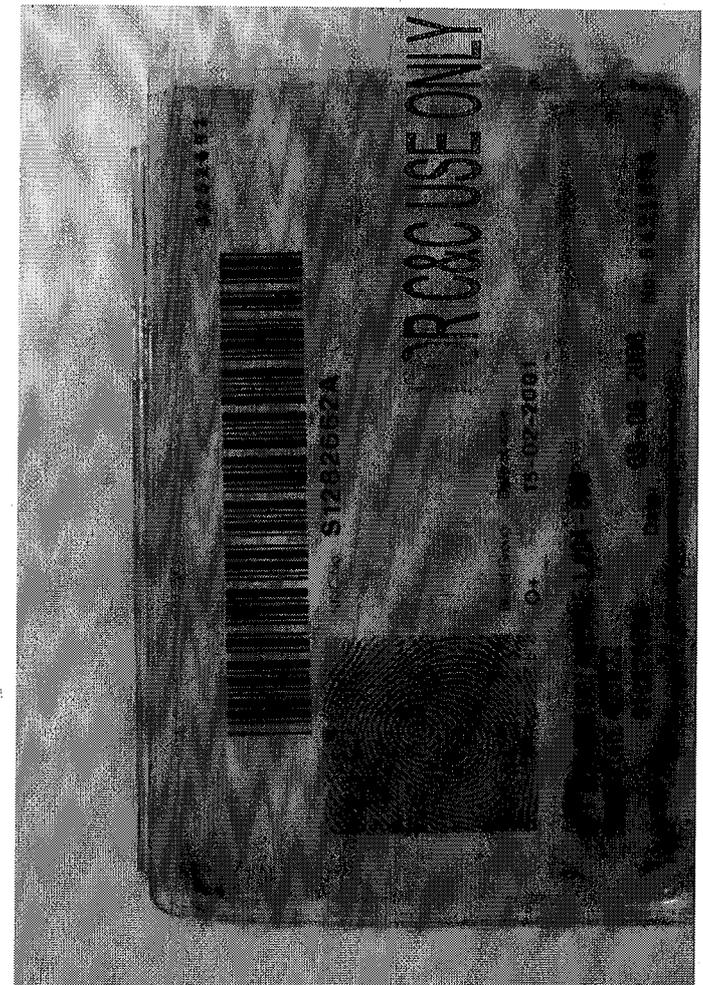
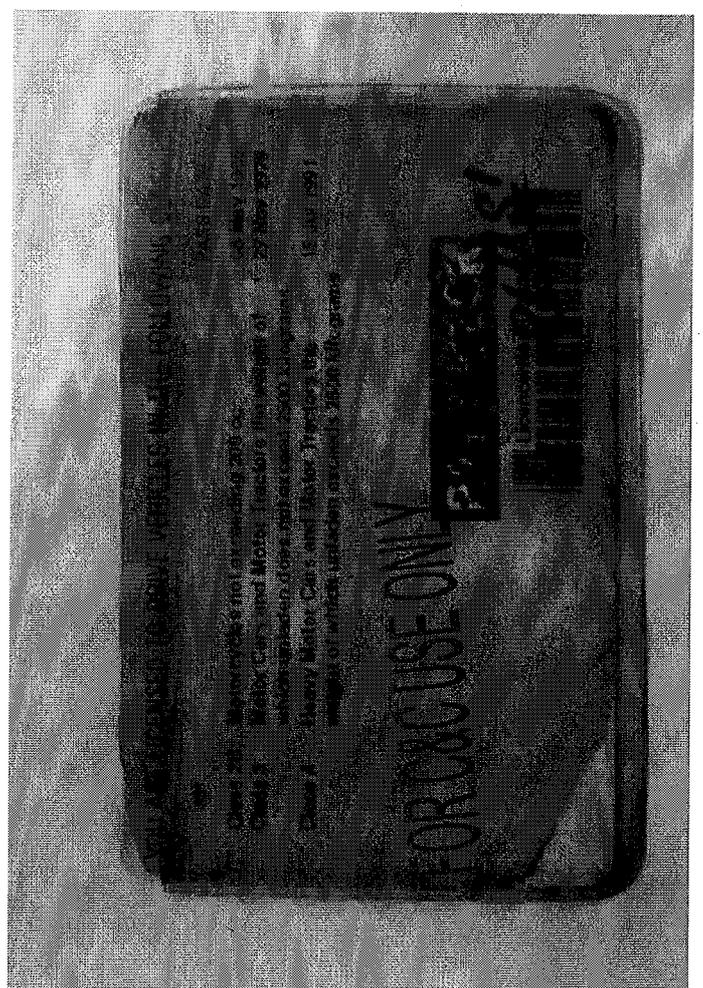
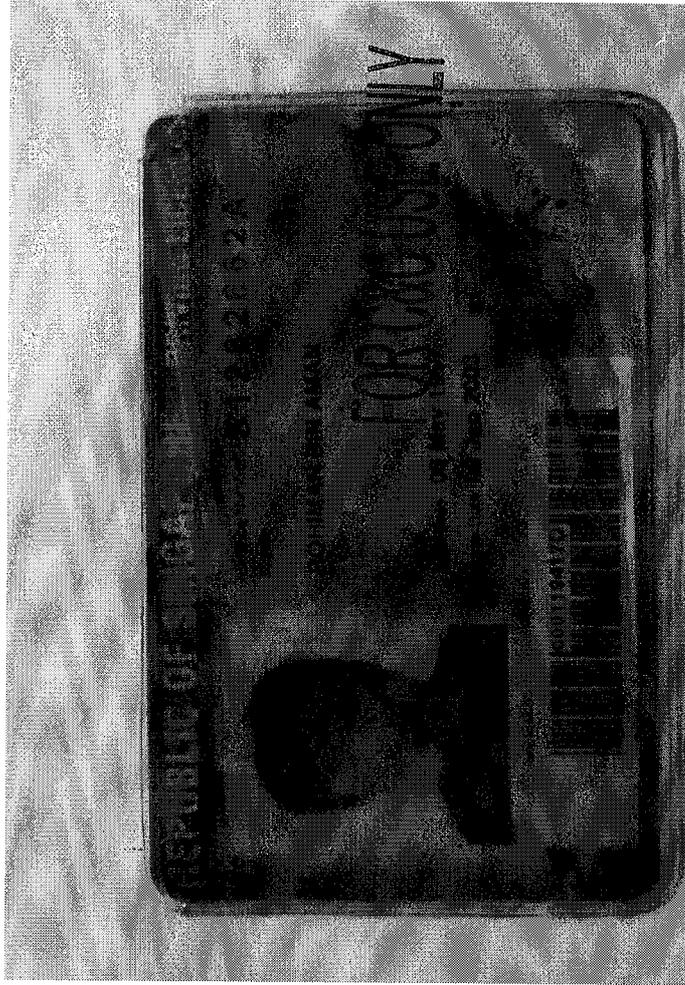
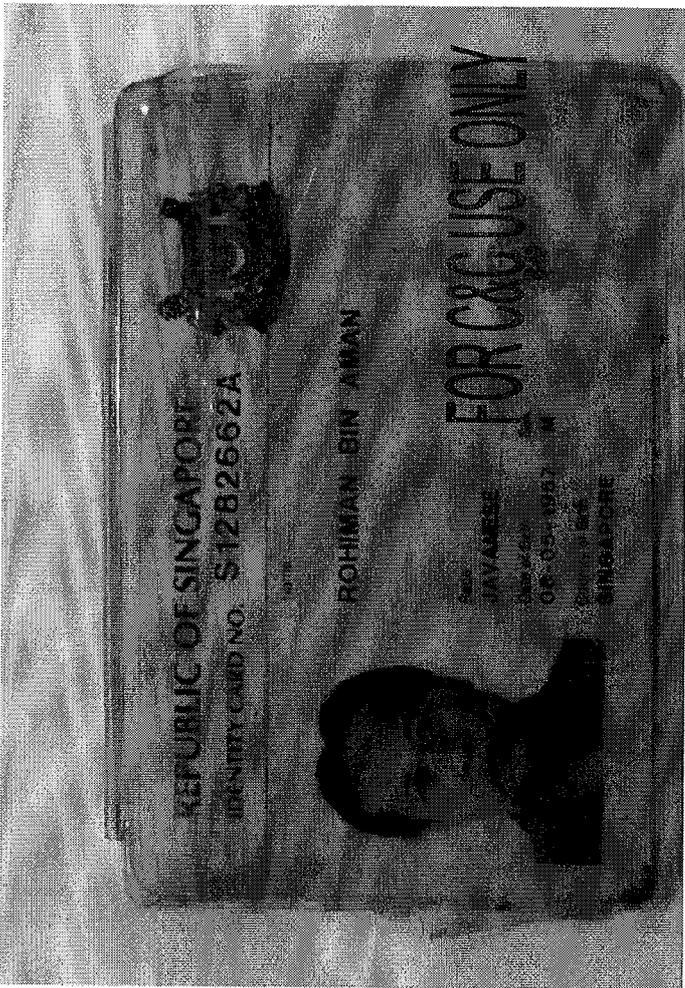
22 UBI ROAD 4 FULCO BUILDING
SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCSZB





**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

Third Party Insurer Enquiry

Our Ref No: GR-18-020010
Date of Request: 06/02/2018

Your Ref No: Online Purchase

Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 Ubi Road 3
Singapore 408650

Dear Sir/Madam,

Enquiry Date 06/02/2018
Enquiry By Mars Ler Yeong Cherng
TP Vehicle No. YP5275K
Accident Date 06/02/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP5275K	AXA Insurance Pte Ltd	23/01/2018-22/01/2019	6338 7288

Thank You.

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.

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**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

Our Ref No: GR-18-020010
Date of Request: 06/02/2018

Your Ref No: Online Purchase

Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 Ubi Road 3
Singapore 408650

Dear Sir/Madam,

Enquiry Date 06/02/2018
Enquiry By Mars Ler Yeong Cherng
TP Vehicle No. YP5275K
Accident Date 06/02/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque