> Back to OneMotoring

Enquire Transfer Fee			
Vehicle Details			
Vehicle No. :	FBJ1970S		., .,,
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Mo	ped	
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme:	Normal		
Vehicle Make :	HONDA		
Vehicle Model :	CBR1000RR		
Chassis No.:	JH2SC59A6DK501047		
Propellant:	Petrol		
Engine No. :	SC59E2410919		
Engine Capacity :	999 cc		
Maximum Power Output :	-		
Maximum Laden Weight:	379 kg		
Unladen Weight:	200 kg		
Year Of Manufacture :	2013		
Original Registration Date :	24 Jan 2014		
Lifespan Expiry Date :	_		
COE Category:	D - Motorcycle		
Quota Premium :	\$2,704.00		
COE Expiry Date:	23 Jan 2024		
Road Tax Expiry Date:	23 Jan 2019		,
Inspection Due Date :	23 Jan 2019		
Intended Transfer Date:	13 Dec 2018		en vere e comprese de la comprese d
CO2 Emission:	=		
CO Emission :	-		
HC Emission:	-		
NOx Emission :	-		
PM Emission:	•		
renewed after 23 Jan 2019, late r	Jan 2019. You may renew the road tax from 24 C renewal fee(s) will be imposed. Please use Enquire	e Road Tax Payable to check on the	late fee(s) payable.
	t (if any), of a vehicle will follow the vehicle to the	e new registered owner when its own	nership is being transferred.
Amount Payable (From 24 Ja			
	Amount Before GST (S\$)	GST Amount	Amount After GST
T 4- v [,	25.00	(S\$)	(5\$) 25.00
Transfer Fee :	25.00	_	,,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.
Sub Total:	404.00		25.00
Nett Road Tax Amount (After Offsetting Over Payment):	126.00	-	126.00
Total Amount Payable:			151.00
Amount Payable (From 24 Ja	n 2019 to 23 Ian 2020)		131.00
	Amount Before GST	GST Amount	Amount After GST
	(S\$)	(S\$)	(S\$)
Transfer Fee:	25.00	<u> </u>	25.00
Sub Total :	nggang mga na gang gang gang gang gang g	برسان بالمسي بالرساد وليساس والمسي والمسيد الراحية والمستواة الأواد المراجع المستوان المراجع والمستوا	25.00
Nett Road Tax Amount (After	252.00	······································	252.00
Offsetting Over Payment):			

You may print this page for reference.

OK Print

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 witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/12/2018 10:18
Date Of Accident	30/11/2018 19:30
Exact Location Of Accident	ECP TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ1970S
Insured/Policyholder	
Name Of Registered Owner	PRITPAL SINGH
NRIC No	S8319529J
Email Address	PRITALSAINI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82056256
Alternative Phone No	OFFICE-82056256
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR1000RR-998CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number MC/00512733

Cover Note Number

Driver

Name of Driver PRITPAL SINGH
NRIC No S8319529J
Date Of Birth 18/06/1983
Occupation INDOOR

Date Of Driving Pass 27/05/2010

Driving Experience 8 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82056256

Fax Number

Contact Number OFFICE-82056256

EMail Address PRITALSAINI@HOTMAIL.COM

BLK 9 SELEGIE ROAD Address

#18-23

Postcode 180009

Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

Type Of Accident

SLIGHT DAMP

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?

YES

Was any injured conveyed to hospital by

ambulance?

YES YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NATASHA DUTTA

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ORCHARD NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE TRAFFIC ACCIDENT REPORT NO. t/20181201/2143 ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

Details of Witness 1

NATASHA DUTTA

Phone Number

Name

90039751

Email Address

NATASHAAGEL@GMAIL.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLX439A

Vehicle Make/Model/Colour

MITSUBISHI / OUTLANDER / SILVER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEAH SHEAU MING

NRIC/Passport Number

S7139007A

Contact Number

93877385

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKS4070R

Vehicle Make/Model/Colour

PEUGEOT / BLACK

Details Of Properties

Vehicle Category

PRIVATE CAR

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

PRITPAL SINGH

Approximate Age

35

Injuries Sustain

Injured person in which vehicle?

FBJ1970S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

BLK 9 SELEGIE ROAD

#18-23

Postcode

180009

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 Pollcyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforesald.
- B. 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 the purpose(s).
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the daims;
 - (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, involces, 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:
 - 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: 2/12/14

1776 kg

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Sentre Personnel's Signature Name: (QM CLAN LOB NRIC/FIN No.: (17153574)

GIARANC SketchPlanForm_V3

1

Sketch Plan #2

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT lefer to Tathic Academ No. 7/20181201/2143 DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnes's Signature Name: (QL CLON 18t NRIC/FIN No.: GTT152-564 Policyholder's Signature Date & Time: 0 5/12/16 Driver's Signature (If driver is not the posicyholder) 1777 Giarma Sketchplanform_V3

Date & Time:



T/20181201/2143

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

1 of 4 Report No. T/20181201/2143

Date/Time Report Made: 01/12/2018 20:05	Vide Report No.:	Station Diary No.: 142
dinterment S Permentals		
Name of Informant: PRITPAL SINGH	Address: APT BLK 9 SELEGIE	ROAD #18-23 SINGAPORE 180009
ID Type / ID No.:	Contact No.:	
NRIC NO / \$8319529J	Home/Office;	Mobile: 82056256
Nationality:	Email:	

SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 35 18/06/1983 Vehicle Owner Race; Language: Institution / School Name: Sikh English Occupation: Driving Licence Information: Business development manager Class: 2B,2A,2,3 Date of Expiry:

General informat	ion of the Accident			
Type of Accident:	Injury Conveyed By Ambulance	Drink e Drive: No	Date/Time of Accident: 30/11/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EX Travelling along B	KPRESSWAY ECP towards Changi			
Weather: Clear		ad Surface: ght Damp	R	oad Speed Limit:
Traffic Flow: One Way	. No	affic Control: t Controlled		affic Volume: oderate
Type of Collision: Between Moving	Vehicles - Head To Rear	<u>.</u>		nyone conveyed by mbulance: o

Details of V	ehicle linvolve					
Vehicle No.	Турез	Make	Model	Color:	Condition	No of Passenger
FBJ1970S	Motorcycle	HONDA		Multi-Colored		1
. 1		·			Damaged	
SK\$4070R	Car	PEUGEOT 1		Black	Seriously	0
		<u> </u>			Damaged	
SLX439A	Car	MITSUBISHI		Silver	Seriously	0 .
			<u></u>		Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Report No. T/20181201/2143

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

CONTINUATION OF REPORT

vehide varet. Name	PRITPAL SINGH		ID No.	S8319529J
14QIIIO	Tray o	4.	5 t t N/s	82056256
Related Vehicle	FBJ1970S (Motorcycle)		Contact No.	82030230
	A LICEDITAL		Class of	Class: 2B,2A,2,3
Hospital/Clinic	CHANGI GENERAL HOSPITAL	. 1	Driving	Date of Expiry: NIL
		1	Licence &	
			Expiry Date	i (0040
Date Treatment	30/11/2018	Date Disch		1/2018
No. of Days grant	ted Medical Leave 05	Degree of	Injury Sligh	
Dintertalities	One Chinese female driver		ID No.	NIL
Name	One Chinese lemale driver	,		
Related Vehicle	SKS4070R (Car)		Contact No.	NIL
Telated Vernois				Class: NIL
Hospital/Clinic	NIL		Class of Driving	Date of Expiry: NIL
			Licence &	Date of English
			Expiry Date	
Date Treatment	NIL	Date Disc		
No of Days gran	nted Medical Leave NIL	Degree of	Injury NIL	
SECULAR SECU			ID No.	S7139007A
Name	Seah Sheau Ming		ID NO.	3/ 10300//
	LOUX (00A (Cor)		Contact No	93877385
Related Vehicle	SLX439A (Car)			
Hospital/Clinic	NIL		Class of	Class: NIL
Hospitaronne	TVIL.		Driving	Date of Expiry: NIL
			Licence & Expiry Dat	е
		Date Dis		
Date Treatment	nted Medical Leave NIL	Degree o		
No. of Days gra	nted Medical Leave NIL	1 209.00		

-On 30/11/2018 at about 7.30pm, I was travelling together with my wife, namely Natasha Dutta along East Coast Expressway toward Changi. Before the accident took place, I was travelling between lane 1 and lane 2. I then noted that there was an accident happened at lane 1 from my right as such I slow down with hazard light on. At that point, I decided to travel at Lane 2 instead. I noticed vehicle registration number SLX439A (Silver / Mitsubishi) has his hazard light one together with his signal light but hesitant on whether to stop or turn left.

As my vehicle still moving straight on lane 2 suddenly, the said vehicle SLX439A decided to turn left and causes me to hit the rear of the said vehicle who then come to a stopped. Due to that, my wife and I fall off from the motorcycle after the stopped. I could felt pain as such ambulance came and convey me to Changi General Hospital.

Sketch Plan #5 Pg. 1



Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 T/04/04/24/24

/20181201/2143

3 of 4

Report No. T/20181201/2143

CONTINUATION OF REPORT

I wish to state that I could see when the said vehicle making a left turn, the driver had graze the left rear of vehicle SKS4070R (Black / Peugoet) which cause some damages. I wish to state that due to the accident my front of my vehicle is seriously damage. It was then tow by Traffic police as informed by them. Lastly, there was Traffic police at scene that attended to the accident. That's all.

Sketch Plan #6 Pg. 1





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 Report No. T/20181201/2143

4 of 4

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 Record E / Sr Staff Sgt SITI AISYAH B	l lil	Signature Of Informant:	
Signature Of Interpreter: Not applicable	No.	Date/Time: 01/12/2018 20:05	
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHI Contact No.: 65476232		Classification Of Case:	
Authentication Stamp NP168	SIGNATŲ	At	



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-18-192215

Date of Request:

12/12/2018

Your Ref No:

Online Purchase

Ban Hock Hin Co. Pte Ltd No. 6 Defu Lane 4 Singapore 539410

Dear Sir/Madam,

Enquiry Date

12/12/2018

Enquiry By

Tan Chok Lok

TP Vehicle No.

SLX439A

Accident Date

30/11/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.	
SLX439A	AIG Asia Pacific Insurance Pte. Ltd.	06/03/2018-05/03/2020	65-6419-3000	
SLX439A	AIG Asia Pacific Insurance Pte. Ltd.	14/03/2018-13/03/2020	65-6419-3000	

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.

This is a computer generated document and requires no signature.



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-18-192215

Date of Request:

12/12/2018

Your Ref No:

Online Purchase

Ban Hock Hin Co. Pte Ltd No. 6 Defu Lane 4 Singapore 539410

Dear Sir/Madam,

Enquiry Date

12/12/2018

Enquiry By

Tan Chok Lok

TP Vehicle No.

SLX439A

Accident Date

30/11/2018

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:

[X] GIRO [] Cash [] Cheque



QUOTATION

Customer:

NO.: 33355

AIG ASIA PACIFIC INSURANCE PTE LTD **CHARTIS BUILDING** 78 SHENTON WAY #07-16 SINGAPORE 079120

DATE

: 12/12/2018

CLAIM NO. : 11219

POLICY NO. : MC/00512733

FROM

: RAYMOND

VEHICLE NO.

: FBJ1970S

MAKE/MODEL

: HON / CBR1000RR

(Page 1 of 3)

<u>S/N</u>	<u>Description</u>	<u>Action</u>	Qty	Unit Price	<u>Amount</u>
1	BOLT	REPLACE	4.00	\$9.00	36.00
2	P/N: 50534 CAP BOOST	REPLACE	1.00	\$0.00	0.00
3	CAP CRANKCASE COVER 45MM	REPLACE	1.00	\$39.00	39.00
4	CLIP NUT P/N: 50536	REPLACE	2.00	\$7.00	14.00
5	COVER AIR DUCT LH	REPLACE	1.00	\$32.00	32.00
6	COVER AIR DUCT RH	REPLACE	1.00	\$32.00	32.00
7	COVER COWLING LAYER LH	REPLACE	1.00	\$95.00	95.00
8	COVER COWLING LAYER RH	REPLACE	1.00	\$95.00	95.00
9	COVER COWLING MIDDLE	REPLACE	1.00	\$52.00	52.00
10	COVER CRANKCASE COMP.	REPLACE	1.00	\$575.00	575.00
11	COVER INTAKE	REPLACE	1.00	\$52.00	52.00
12	COVER LAYER LH	REPLACE	1.00	\$18.00	18.00
13	COVER LAYER RH	REPLACE	1.00	\$18.00	18.00
14	COVER MIRROR INNER RH	REPLACE	1.00	\$213.00	213.00





Quotation Nos.: 33355 (Page 2 of 3)

					, ,
S/N	Description	<u>Action</u>	Qty	Unit Price	Amount
15	COVER MIRROR OUTER LH	REPLACE	1.00	\$48.00	48.00
16	COVER MIRROR OUTER RH	REPLACE	1.00	\$48.00	48.00
17	COVER SIDE RH	REPLACE	1.00	\$1,105.00	1,105.00
18	COWLING MIDDLE	REPLACE	1.00	\$892.00	892.00
19	COWLING MIDDLE INNER LH	REPLACE	1.00	\$52.00	52.00
20	COWLING MIDDLE LH	REPLACE	1.00	\$1,105.00	1,105.00
21	DAMPER MIRROR	REPLACE	2.00	\$9.00	18.00
22	DUCT AIR LH	REPLACE	1.00	\$145.00	145.00
23	DUCT AIR RH	REPLACE	1.00	\$145.00	145.00
24	HEADLAMP ASSY	REPLACE	1.00	\$1,445.00	1,445.00
25	HORN	REPLACE	1.00	\$182.00	182.00
26	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED.	Supply/Install	16.00	\$35.00	560.00
27	MUDGUARD FRONT	REPLACE	1.00	\$405.00	405.00
28	NUT PLASTIC (WINDSHIELD) P/N: 30543	REPLACE	1.00	\$8.00	8.00
29	NUT PLASTIC (WINDSHIELD) P/N: 30543	REPLACE	8.00	\$8.00	64.00
30	NUT RUBBER	REPLACE	2.00	\$8.50	17.00
31	O-RING (48.1X3.6) P/N: 36668	REPLACE	1.00	\$12.00	12.00
32	PROTECTOR EXHAUST	REPLACE	1.00	\$488.00	488.00
33	RIVET P/N: 40901	REPLACE	11.00	\$9.00	99.00
34	RUBBER COVER SEAL DUCT LHRUBBER COVER SEAL DUCT	REPLACE	1.00	\$49.00	49.00
35	RUBBER COVER SEAL DUCT RH	REPLACE	1.00	\$49.00	49.00





Quotation Nos.: 33355 (Page 3 of 3)

S/N	Description	Action	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
36	SCREW SMALL BOX	REPLACE	6.00	\$7.50	45.00
37	P/N: 29943 STAY COWLING P/N: 50539	REPLACE	2.00	\$18.00	36.00
38	STAY HEADLAMP	REPLACE	1.00	\$383.00	383.00
39	STAY VACUUM TANK	REPLACE	1.00	\$22.00	22.00
40	TANK VACUUM COMP.	REPLACE	1.00	\$65.00	65.00
41	TRANSPORT CHARGES (MOTORCYCLE) CLASS P/N: 45836 - FOR COLLECTION OF ACCIDENT BIKE.	2	1.00	\$55.00	55.00
42	WASHER	REPLACE	4.00	\$7.00	28.00
43	WINDSCREEN SET	REPLACE	1.00	\$235.00	235.00
44	WIRE HARNESS METER	REPLACE	1.00	\$405.00	405.00
		SUB TOTAL GST @ 7 %		_	\$9,481.00 \$663.67
	C	GRAND TOTAL			\$10,144.67

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD



RAYMOND

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.

Acknowledge & Accepted By



