

## Cecilia Chong (LKK Auto)

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**From:** Cecilia Chong (LKK Auto)  
**Sent:** Wednesday, 18 December 2019 4:36 PM  
**To:** 'everlastmarine@singnet.com.sg'  
**Subject:** <STANDARD LETTER> OUR REF: CC4/ASM19019176/Qgb3 \*\*\* ACCIDENT INVOLVING SLC 6438Z & SLZ 6613M ON 25/10/2019 \*\*\*

18 DECEMBER 2019

### EVERLAST MARINE SERVICES PTE LTD

Dear Sir/ Mdm

**OUR REF : CC4/ASM19019176/Qgb3**

**YOUR REF : SLC 6438Z**

**ACCIDENT INVOLVING SLC 6438Z & SLZ 6613M ALONG/AT AYE BEFORE SPEED TRAP ON 25/10/2019**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **RAAIM CAR BODYWORKS PTE LTD** acting on behalf of the owner of SLZ 6613M against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com) within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Driver's Work Permit
- Employment Letter from your company
- Authorisation Letter
- Rental Agreement/ Leasing Agreement
- Coloured photographs of accident scene (if any)
- COUNTER CLAIM STATUS AGAINST THIRD PARTY
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6749 4274 or email us at [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Cc AXA Insurance Pte Ltd  
(Motor Claims Dept)

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

*"Best Wishes for Merry Christmas & Happy New Year 2020"*

Best Regards,

Cecilia Chong | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749-4274 | email: [CeciliaChong@lkkauto.com](mailto:CeciliaChong@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

Blk 2 Kranji Loop #01-04 Singapore 739538 Tel: 6694 3197 Fax: 6694 3191  
Email : Raaim.CarBW@gmail.com  
REG No : 201327842N

**LETTER OF AUTHORITY & INDEMNITY**

ACCIDENT INVOLVING VEHICLE NO. SLZ 6613M & SLG 6438Z

I/We THNG BENG GEOK IRENE UEN/NRIC NO. S1693207H, owner of Vehicle No. SLZ 6613M, hereby authorise Raaim Car Bodyworks Pte Ltd to commence repairs to my vehicle and to forward the claim for damages sustained in the above accident to the third party driver and /or his employer and /or the vehicle owner and /or the insurer concerned. I /We agree that in consideration of you giving up your repairer's lien. I/We agree to assign the whole proceeds of my/our third party claim to you and if applicable, our solicitors (to be appointed by you on my / our behalf) shall accept this as my /our irrevocable authority to pay the amount compensated direct to you after deduction of their costs on a solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject liability, i/We will fully be responsible for the repair costs and other incidentals.


I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary paper in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the event of the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.

  
\_\_\_\_\_

Owner Signature  
(Company Stamp if applicable)

**WITHOUT PREJUDICE to:**

- (a) Insurers' Subrogated Claim and/or  
(b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

**AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:	SLC 6438Z (Insd veh)	Model: HYUNDAI ELANTRA
	SLZ 6613M (TP veh)	
Date of Accident/ Time:	25/10/2019	

Repair Estimate	: \$	10,886.72	
Final Repair Cost	: \$	2,675.00	(W/GST)
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	800.00	8 days at \$ 100.00 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
Final Settlement Sum	: \$	3,477.00	
Payee Name : RAAIM CAR BODYWORKS PTE LTD			
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability	100 (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/No	BOLA Scenario No: 27
	BOLA Liability: (%)	Assessed Liability (*): (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

**NOTE:**

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are not received within 7 days of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: <u>21/1/20</u> Date: <u>24/1/20</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>21/1/20</u> Date: <u>24/1/20</u>
Signature of AXA's surveyor/representative: Name of AXA's surveyor / Representative: Date: <u>24/1/20</u>	

## RENTDIRECT PTE LTD

NO. 1 BUKIT BATOK CRESCENT

#02-12 WCEGA PLAZA

SINGAPORE 658064

TEL : 6468 7555 /8484 3669 FAX : 6468 2771

CO REGN NO. 201500485R

### INVOICE

BILL TO : THNG BENG GEOK IRENE  
ADDRESS : BLK 87 REDHILL CLOSE  
#18-590  
SINGAPORE 150087  
NRIC : S1693207H  
CONTACT : 9030 7629

INVOICE 14497  
DATE 21/11/2019

DESCRIPTION	AMOUNT
BEING RENTAL OF :- \$110/DAY  VEHICLE NO. : SLS9486E MAKE AND MODEL : TOYOTA ALTIS RENTAL DATE 29/10/2019-4/11/2019	\$ 660.00
GRAND TOTAL	\$ 660.00

If vehicle is rented to a corporate client(company's name),driver must be their employees.  
Commercial vehicles are restricted to be used within singapore only.

Kindly make payment infavor to "RENTDIRECT PTE LTD"

Bank Name : UNITED OVERSEAS BANK LTD

Bank Account No.: 324 - 304 - 938 - 3



# RENTDIRECT PTE LTD

Co. Reg. No: 201500485R

No. 1 Bukit Batok Crescent, #02-12 Wcega Plaza, Singapore 658064

Tel : 6468 7555 Fax : 6468 2771 HP : 8484 3669 / 9695 1171

Rental Agreement No. 14497

Date: 29/10/2019

## HIRER'S DRIVER (1st Driver Name)

Name: Thy Beng Gook Irene

Address: Blk 87 Redhill Close #18-390

I/C or Passport No: S1693207H Nationality: \_\_\_\_\_

Date of Birth: 01/09/1965 Occupation: \_\_\_\_\_

Driving License No: \_\_\_\_\_ Pass Date: \_\_\_\_\_

Contact No (H): \_\_\_\_\_ (HP): 90307629

## RELIEF DRIVER (if any)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I/C or Passport No: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driving License No: \_\_\_\_\_ Pass Date: \_\_\_\_\_

Contact No (H): \_\_\_\_\_ (HP): \_\_\_\_\_

VEHICLE INFORMATION AND CHECK LIST			
		Number	Description
		1	Light Scratch
		2	Scratch
		3	Deep Scratch
		4	Dent
		5	Break
Vehicle No. <u>SLS9486E</u>		Vehicle Make And Model <u>Toyota Altis</u>	
Collision Damage Waiver: Accept / Decline CDW			
OUT		IN	
Date <u>29/10/19</u>	Mileage _____ Km	Date _____	Mileage _____ Km
Time _____	Petrol <u>E 1/4 1/2 3/4 F</u>	Time _____	Petrol <u>E 1/4 1/2 3/4 F</u>
Parking / Traffic Fine		Signature of Hirer / Driver	
(When Return)			

29/10 - RENTAL CHARGES			
Weekday/s	@ S\$	/ per day	S\$
Weekend/s	@ S\$	/ per day	S\$
Month/s	@ S\$	/ per day	S\$
Additional to JB		* 1 day S\$20/- For ( ) day	S\$
Sub Total			S\$
(CASH / NETS / CHEQUE : _____)			S\$
Petrol Top Up			S\$
Delivery / Collection Fee			S\$
MISC			S\$
Extension			S\$
Day/s	@ S\$	/ per day	S\$
Total (Balance Payment / To Refund)			S\$
(CASH / NETS / CHEQUE : _____)			S\$
Deposit (refundable)			(S\$ )

### ☒ Non Waiver-able Excess

The Hirer acknowledges a **S\$5,000** collision damage excess per accident applies.

### ☐ Collision Damage Waiver (CDW)

The Hirer may limit his liability for any damage arising from collision to S\$ \_\_\_\_\_ by purchasing CDW and paying the specified sum.

### ☐ Personal Accident Insurance (PAI)

PAI may be purchased at a premium specified herein. The Hirer acknowledges that the insurance is written by an independent insurance company and acknowledges that he has received, read and understood the policy conditions relating to the same.

I / We have read and agreed to the terms and conditions as set out on both sides of the agreement and certify that the information given is true and correct. If I / we opt to pay by credit / charge card, I / we agreed that all amounts payable under this agreement may be billed to the same account and my signature here will be deemed to have been made on the applicable card charge slip.

\* Vermogen - Edmund

  
Hirer's Signature

\_\_\_\_\_  
Add. Driver

  
RENTDIRECT PTE LTD



VMG Auto Pte Ltd  
Company ID : 201713576D

1 Bukit Batok Crescent #04-52  
WCEGA Plaza  
Singapore 658064  
Singapore

# INVOICE

# #VMG/TI/2019/11/000151

Balance Due  
**SGD300.00**

Bill To  
**Raaim Car Bodyworks Pte Ltd**  
Blk 2 Kranji Loop #01-04  
S739538  
Singapore

Invoice Date : 05 Nov 2019  
Terms : Due on Receipt  
Due Date : 05 Nov 2019

#	Item & Description	Qty	Rate	Amount
1	THNG BENG GEOK IRENE 26 Oct 2019 - 28 Oct 2019 2 Days SKB1152Y / VOLKSWAGEN JETTA	1.00	300.00	300.00
Sub Total				300.00
Total				<b>SGD300.00</b>
Balance Due				<b>SGD300.00</b>

## Notes

Kindly make payment in favour to " VMG Auto Pte Ltd"  
Bank Name:UNITED OVERSEAS BANK LTD  
Bank Account No. : 360 - 309 - 602 - 7

Thanks for your business.



**VMG Auto Pte Ltd**

1 Bukit Batok Crescent #04-52 WCEGA Plaza Singapore 658064  
Tel: +65 6694 2456 Fax: +65 6694 3191  
Email: joeyvermogen@gmail.com

SLZ 6613M

VRA No.: 0579

ROC No: 201713576D

**VEHICLE RENTAL AGREEMENT**

<b>HIRER'S PARTICULAR</b> Name: (as in I/C) <u>Thng Beng Geok Irene</u> NRIC/PASSPORT No: <u>S16932074</u> Address (Res): <u>Blk 84, Redhill Close #18-590</u> Name & Address of Employer _____ Occupation: _____ Driving Exp: _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Tel: (O): _____ (R) _____ HP <u>90307629</u>		Vehicle No: <u>SKB1152Y</u> Replace Veh No: _____ Mileage Out: _____ Mileage Out: <u>203889</u> Make & Model: <u>VW JETTA</u> Auto / Manual: _____ Out : Date <u>26/10/19</u> Time: _____ HIRE / PERIOD EXPIRY _____ Time: _____ <b>Accident Excess</b> Singapore Section 1 = \$2000 Section 2 = \$2000 Malaysia Section 1 = \$2500 Section 2 = \$2500																																					
<b>ADDITIONAL DRIVER'S PARTICULARS</b> Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res): _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">CHARGES</th> </tr> <tr> <td>Daily</td> <td>@ \$</td> <td>per day</td> <td></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td>per week</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>per month</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>per hour</td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Deposit</td> </tr> <tr> <td colspan="4">Delivery/Collection Service</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUB-TOTAL \$</b></td> </tr> </table>		CHARGES				Daily	@ \$	per day		Weekly	@ \$	per week		Monthly	@ \$	per month		Hours	@ \$	per hour		Others	@ \$			Deposit				Delivery/Collection Service				<b>SUB-TOTAL \$</b>			
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<b>VEHICLE CHECK LIST</b> INDICATE: D - DENTS A - ACCIDENTS S - SCRATCHES <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  RIGHT         </div> <div style="text-align: center;">  FRONT         </div> <div style="text-align: center;">  TOP         </div> <div style="text-align: center;">  LEFT         </div> </div> <b>ACCESSORIES CHECK</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Ashtray</div> <div style="width: 33%;"><input type="checkbox"/> Cig Lighter</div> <div style="width: 33%;"><input type="checkbox"/> S/Tyre</div> <div style="width: 33%;"><input type="checkbox"/> STD Tools</div> <div style="width: 33%;"><input type="checkbox"/> Jack</div> <div style="width: 33%;"><input type="checkbox"/> Hub Caps</div> <div style="width: 33%;"><input type="checkbox"/> Radio/Cass</div> <div style="width: 33%;"><input type="checkbox"/> CD</div> <div style="width: 33%;"><input type="checkbox"/> Cartridges</div> </div>		<b>PETROL LEVEL</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> </table> <b>EXTENSION</b> Misc. _____ <b>TOTAL CHARGES \$</b> _____		Out	E	1/4	1/2	3/4	F		In	E	1/4	1/2	3/4	F																							
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In	E	1/4	1/2	3/4	F																																		
I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given VMG Auto Pte Ltd in connection with this agreement is true.		<div style="text-align: center;">           Hirer's Signature _____          Additional Driver's Signature _____       </div>																																					

**\* IMPORTANT**

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF COW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE AND WEST MALAYSIA ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY VMG AUTO PTE LTD.
- THE HIRER SHALL TAKE PROPER CARE OF THE VEHICLE. IN PARTICULAR, THE HIRER SHALL ENSURE THAT THE VEHICLE:-  
HAS SUFFICIENT OIL, WATER, AND TYRE PRESSURE AT ALL TIMES. THE HIRER AGREES THAT A PUNCTURED TYRE, EMPTY PETROL TANK, LOSS OF KEY OR LOCKED KEYS INSIDE OF VEHICLE, BY ITSELF, DOES NOT CONSTITUTE A BREAKDOWN AND THAT IN THE EVENT THE OWNER'S 24-HOURS EMERGENCY SERVICE IS CALLED UPON TO RESPOND TO SUCH OCCURRENCE, THE HIRER SHALL BEAR THE COST OF SUCH RESPONSE AT \$60.00 PER TRIP;
- THE REFUNDABLE DEPOSIT OF S\$100.00 IS PAYABLE BY THE RENTER TO VMG AUTO PTE LTD ON DELIVERY OF THE CAR. ANY AMOUNT WHICH MAY STAND AT VMG AUTO PTE LTD'S CREDIT ON TERMINATION OF THIS RENTAL CONTRACT WILL BE DEDUCTED FROM THE REFUNDABLE DEPOSIT.

RETURN OF VEHICLE. THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SINGAPORE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO VMG AUTO PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.



**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-19-176918

Date of Request: 26/10/2019

Your Ref No:

Online Purchase

Vermogen Ace Pte Ltd  
60 Jalan Lam Huat  
Singapore 737869

Dear Sir/Madam,

Enquiry Date: 26/10/2019

Enquiry By: Nur Asyira Binte AB Rahman

Vehicle No: SLC6438Z

Accident Date: 25/10/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLC6438Z	AXA Insurance Pte Ltd	20/05/2019-19/05/2020	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.

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-19-176918

Date of Request: 26/10/2019

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd  
60 Jalan Lam Huat  
Singapore 737869

Dear Sir/Madam,

Enquiry Date 26/10/2019  
Enquiry By Nur Asyira Binte AB Rahman  
TP Vehicle No. SLC6438Z  
Accident Date 25/10/2019

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