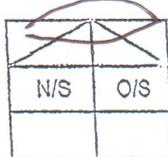


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / W/S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMR 5408B
 at Workshop m/s ITAL AUTO
 of 30, LANK KEE RD
 Insured: EQ
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMR 5408B Yr Regn: 2015 JAN
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: FERRARI CALIFORNIA c.c. 3835
 Colour: RED A/C: Insured / Std / NI / NA
 Cp. Reading: 20080 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZFF77XJC000206722
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 245/35 ZR20
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 07/02/2021 D.O.I. 18/02/2021
 Survey held at ITAL AUTO
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 510K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	Repair limit = 233K
16/3/21	Finalised amount is \$45571.59 / 7 days of repair confirmed (Red 3409.41, 7%)

Date/Time, File Pass to? : Prel. Report : Final Report
 Date/Time, File Return to? 2) 16/3/21-Typist
 Days Of Repair: 7
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Invs (\$) : Weekend (\$)
 Survey Fee: _____
 Transportation: _____
 \$ + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

Rep. Format: TP
 Lump Sum / L&A (\$ 45,571.59)

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	09/02/2021 16:30 (SGT)
Date of Accident	07/02/2021 16:00 (SGT)
Exact Location of Accident	22 Dempsey Rd, Singapore 249679
Additional Location Information	Dempsey Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5408B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BENEDICT PENG CHAN WEARN
NRIC No	SXXXX147H
Email Address	BCWPENG@GMAIL.COM
Mobile Phone No	(Phone) +65-91261586
Alternative Phone No	+65-91261586

VEHICLE PARTICULARS

Manufacturer	Ferrari
Model	California
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Etiga
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	M0016335
Cover Note Number	-

DRIVER

Name of Driver	HWEE PEIK HUM ANGELA
NRIC No	SXXXX329B
Date Of Birth	02/06/1977
Occupation	Indoor

Date Of Driving Pass	02/01/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96821630
Alt. Phone Number	-
Email Address	BCWPENG@GMAIL.COM
Address	26E PIERCE ROAD
Address complement	-
Postcode	248543
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

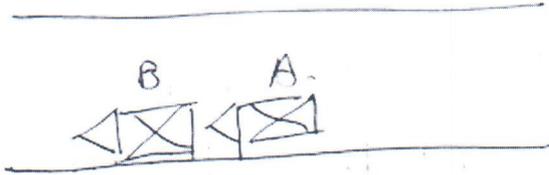
CIRCUMSTANCES OF ACCIDENT

Please refer to statement attached. REPORT DELAYED AS COUNTERPARTY HAD INITIALLY REQUESTED FOR A PRIVATE SETTLEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards the carpark and was waiting for the car in front to move forward while suddenly car B reversed to give way to another car turning out of the car park. Car B hit into my front of the car as a result of this.

Owner of Car B - Winson Ng An Yong

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time

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

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

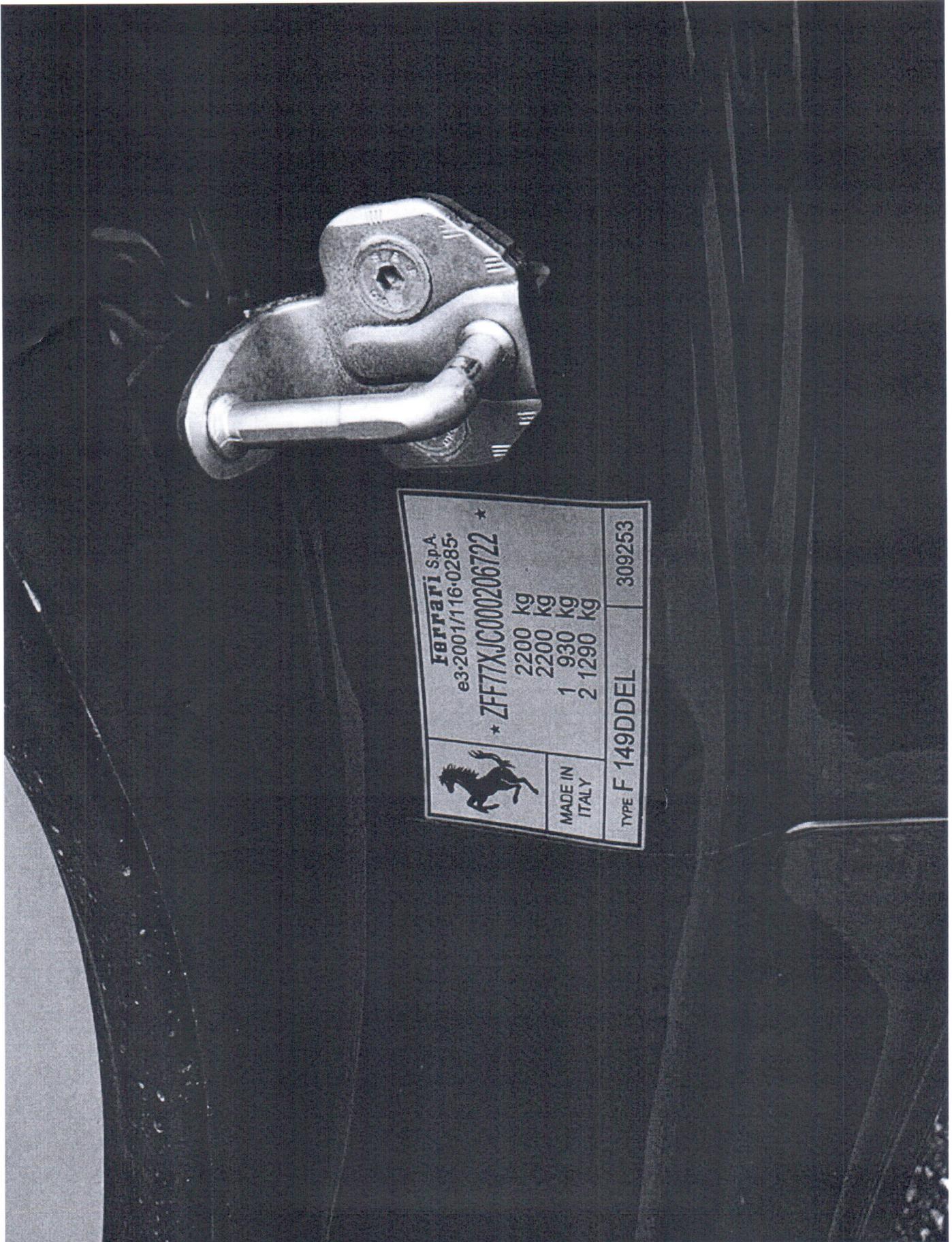














Owner
 Driver

Time: 16:00
Location of Accident: Dempsey, Hubbers

INSURED/ POLICY HOLDER (VEHICLE A)
 Vehicle Registration Number: SMR 5408 B
 Name of Policyholder:
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S72331474
 Address: 26E Peirce Road
 Contact Number: Tel: 5(248543) Hp: 91261586
 Occupation: Doctor

VEHICLE PARTICULARS (VEHICLE A)
 Vehicle Make / Model: Ferrari California T
 Type of Vehicle: Sports car
 Exact Purpose for which vehicle was being used at the time of accident: Personal
 Are you claiming under your own insurance policy?
 Yes No
 Vehicle category: Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)
 Name of Insurance Company: Etiga
 Type of Policy: Private car
 Fleet Policy: No
 Policy Number: M0016335
 Comprehensive TP Fire & Theft Third party
 Yes No

DRIVER
 Name of Driver: Hwee Peik Hum Angela
 NRIC/ FIN/ Passport: S7715329B
 Date of Birth: 26/1977
 Occupation: Doctor
 Driving Pass Date:
 Gender: Male Female
 Contact Number: Tel: 5(248543) Hp: 96621630
 Address: 26E Peirce Road
 Email Address:
 Was driver an employee of the Insured's Company? Yes No
 If No, relationship of Driver with the Insured: Spouse

GENERAL INFORMATION OF THE ACCIDENT
 Type of Collision (E.g. Chain Collision/ Head-On, etc):
 Weather Conditions: Clear Raining Others
 Road Surface: Wet Dry Others
 Damage Area:

OTHER INFORMATION
 Was there any foreign vehicle(s) involved? No Yes
 Was anybody injured in the accident? (Including Witness) No Yes
 Was any other vehicle(s) or property damaged? No Yes
 Was there any camera video footage (in car)? No Yes
DETAILS OF POLICE ACTION
 Was the accident reported to the Police? No Yes
 If Yes, please state which police station & Report No.
 Was notice of intended Prosecution given? No Yes
 If Yes, against whom?

Angela

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

Winson Ng Chin Yong

Other Vehicle or Property 2

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

DETAILS OF WITNESS

Name
Phone / Email Address
Address
NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn?
Was Injured conveyed to hospital by ambulance?

Yes No
 Yes No

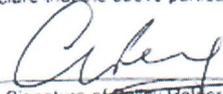
DETAILS OF INJURED PERSON 2

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn?
Was Injured conveyed to Hospital by Ambulance?

Yes No
 Yes No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



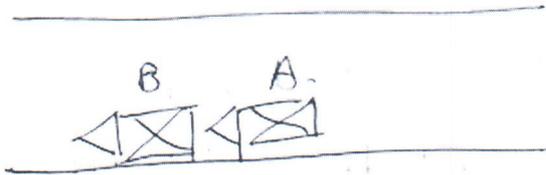
Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards the carpark and was waiting for the car in front to move forward while suddenly car B reversed to give way to another car turning out of the carpark. Car B hit into my front of the car as a result of this.

Owner of Car B - Winson Ng An Yong

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN 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:

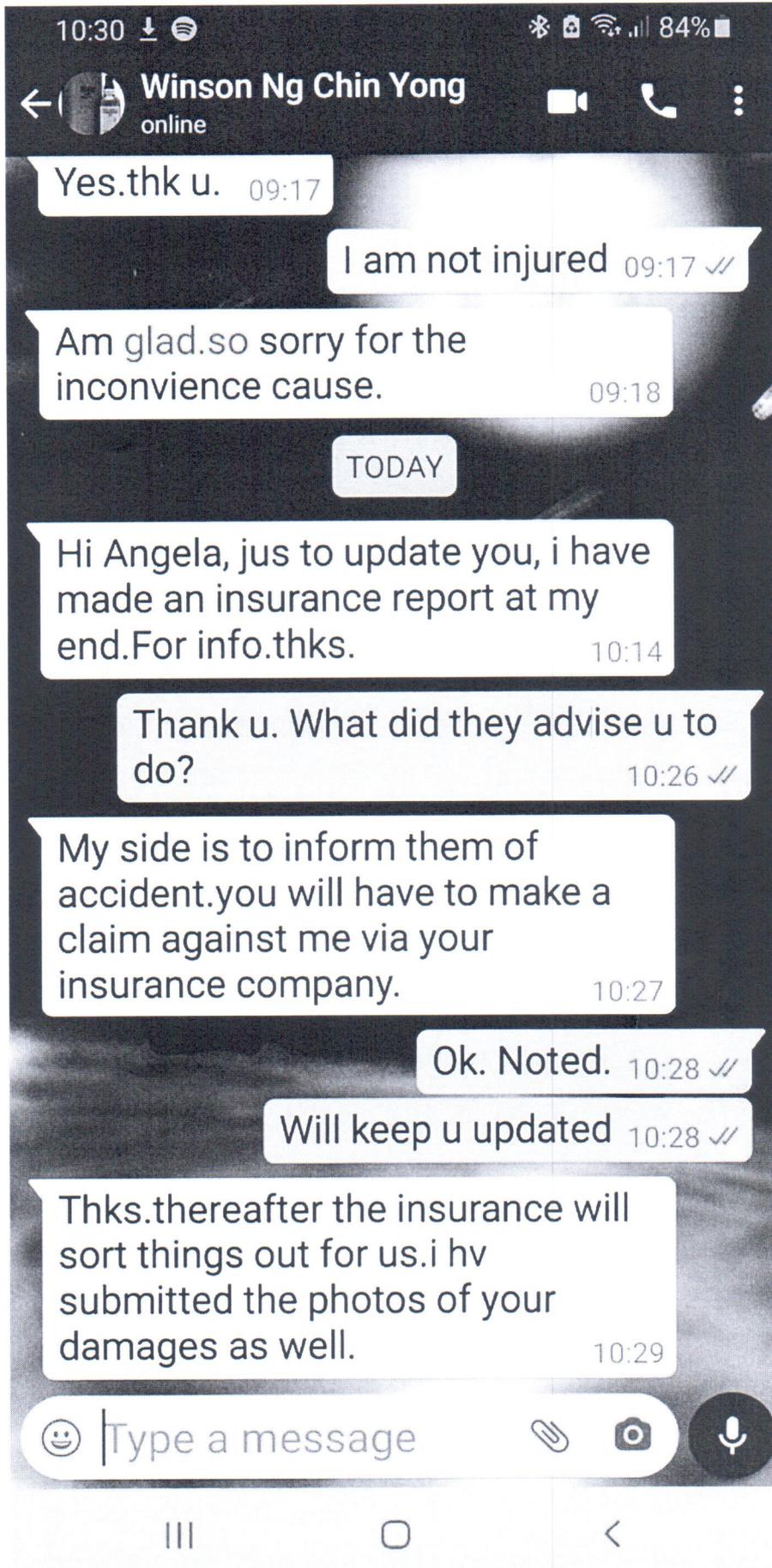
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 claim responses, statements, invoices, receipts 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

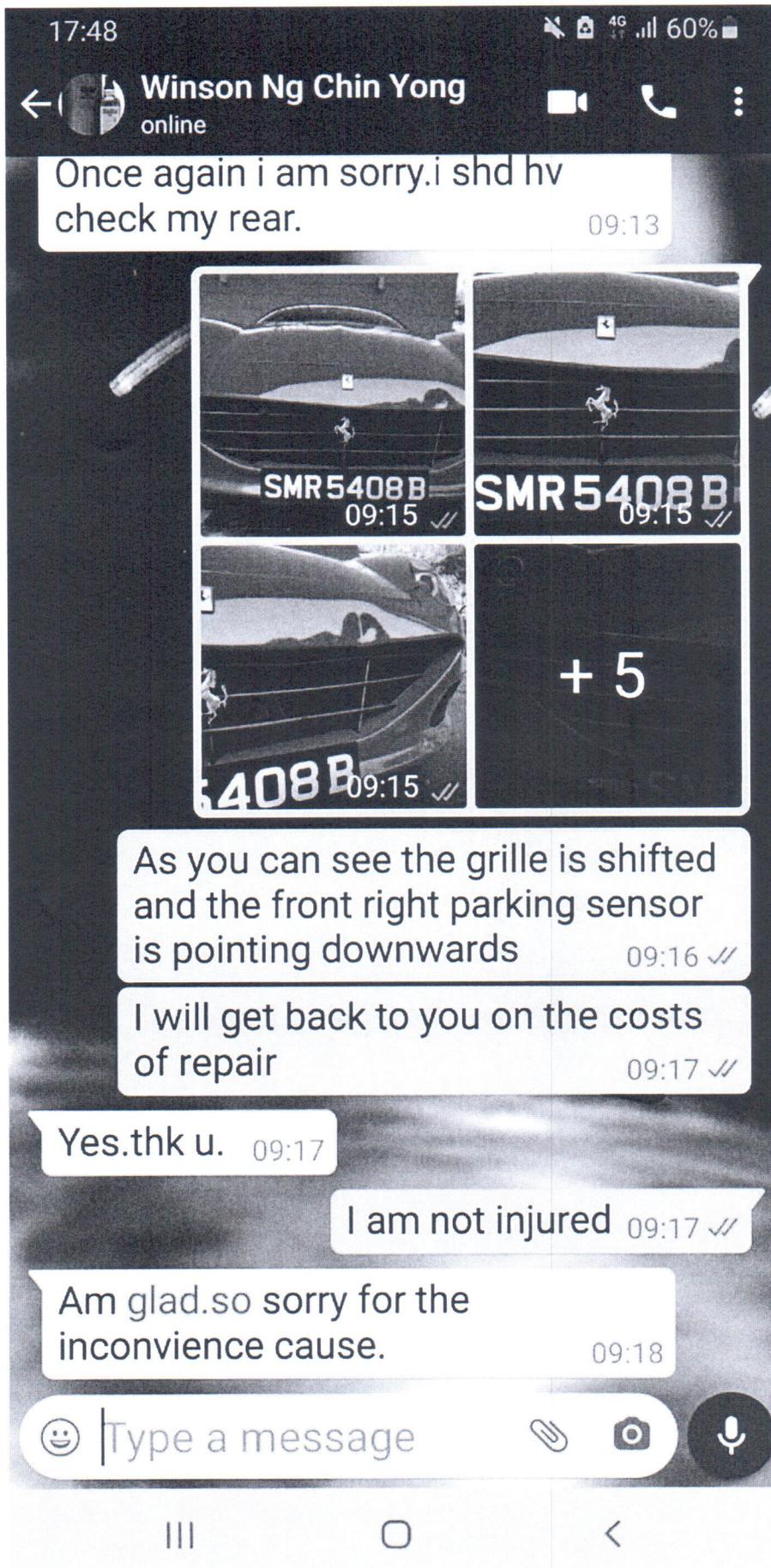


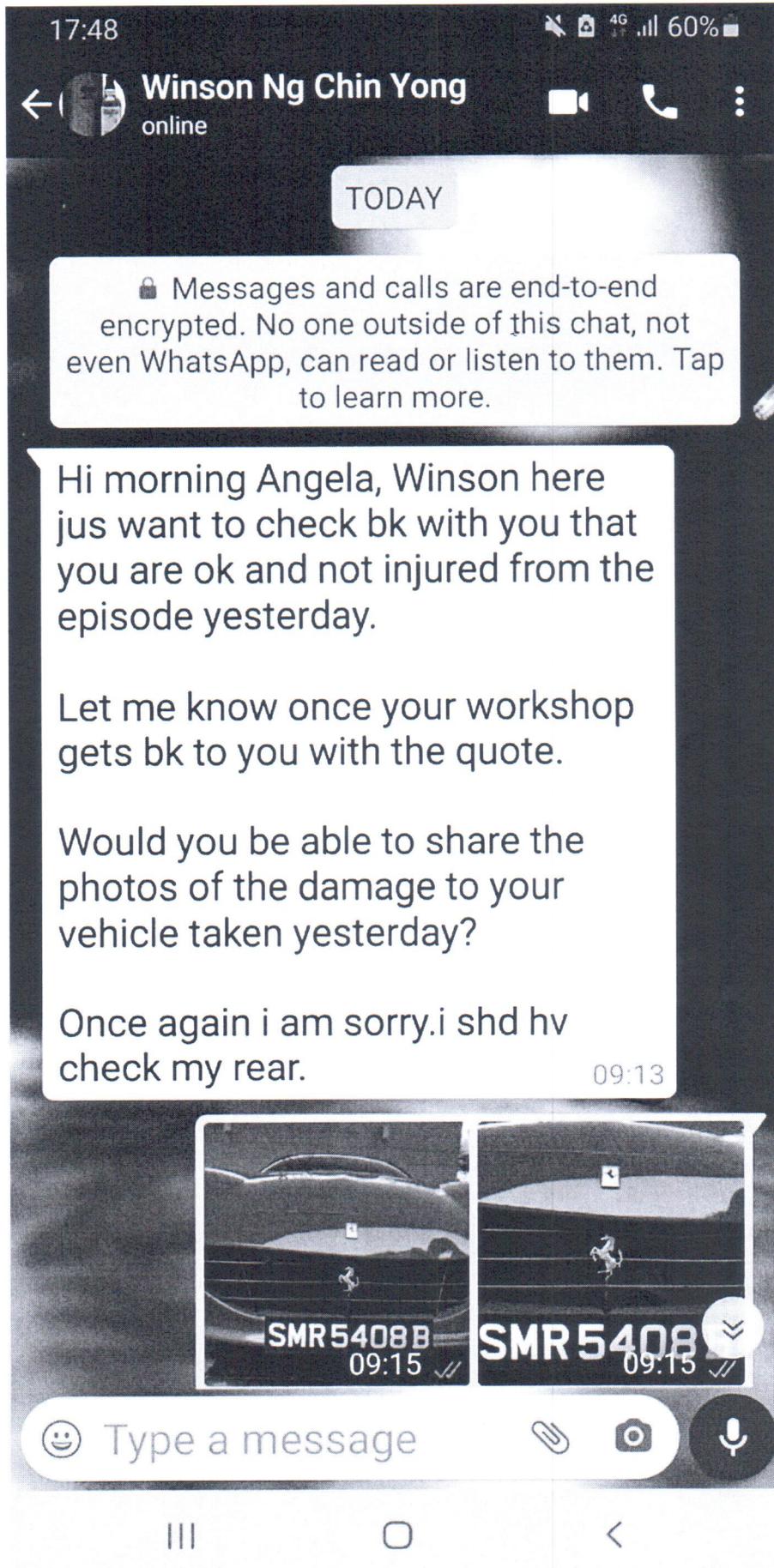
Policyholder's Signature
Date & Time

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

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







ORIGINAL

**THE SCHEDULE**

Policy Number	: M0016335	Agency No	: 71120037
Policy Type	: Private Car	Agency Name	: Assure (Singapore) Pte Ltd
Insurance Start Date	: 17/01/2021	Issue Date	: 30/12/2020
Insurance End Date	: 02/01/2022 (Both dates inclusive)	Place of Issue	: Singapore
Insured's Name	: Benedict Peng Chan Learn		
Insured's Address	: 26B Peirce Road Singapore 248543		

Premium Due	: S\$	5,190.77
Premium GST	: S\$	363.35
Total Due	: S\$	5,554.12

Risk No. 0001 Motor Private Car

Basic Annual Premium	: SGD10,330.74
Less NCD 50.00%	: SGD5,165.37
NCD Protector 10.00%	: SGD516.54
Demerit Free Discount 5.00%	: SGD284.10
Premium Due	: SGD5,190.77
Premium GST	: SGD363.35
Total Due of this risk	: SGD5,554.12

Registration	: SMR5408B	Make/Model	: FERRARI CALIFORNIA
Type of Cover	: Comprehensive	No. of seats	: 4
Body Type	: Sport	Engine No	: 260570
Capacity cc's	: 3855	Year of Regn	: 2015
Chassis No	: ZFF77XJC000206722		
Certificate Ref	: MX3		

Excess (Sect I, Within SG):	SGD14,000
Excess (Sect I, Outside SG):	SGD28,000
Excess: Windscreen	SGD500

Named Drivers : Benedict Peng Chan Learn
Hwee Peik Hum Angela (Xu Bihan)

Hire Purchase : Hong Leong Finance Limited

The following benefits apply to this risk

FLOOD &/OR OTHER CONVEULSION OF NATURE AND STRIKE, RIOT & CIVIL COMMOTION

LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

PASSENGER LIABILITY

FREE WINDSCREEN COVER WITH IMPOSED EXCESS (IF APPLICABLE)

AUTOMATIC REINSTATEMENT OF WINDSCREEN

SETTLEMENT BASED ON MARKET VALUE AT TIME OF LOSS

Etiqa Insurance Pte. Ltd. (Company Reg No. 20331904K)
One Raffles Quay, #22-01 North Tower, Singapore 048583
T: +65 6336 0477 F: +65 6339 2109 www.etiqa.com.sg

A Member of Maybank Group



M0016335

71120037

Page 1 of 3

ORIGINAL



LIMITS OF LIABILITY APPLICABLE:
Section I - Protection and Removal after Damage or Loss :\$200
Section I - Authority to repair :\$300
Section II - (All) legal liability for death or bodily injury :Unlimited



OFFICIAL FERRARI IMPORTER SINGAPORE

Date: 10-Feb-21

Ital Auto Pte Ltd

QUOTATION

To: EQ INSURANCE COMPANY LTD
 5 MAXWELL RD #17-00 TOWER BLOCK MND COMPLEX
 SINGAPORE 069110

Our Ref: NA
 Reg. No: SMR5408B
 Model: CALIFORNIA T
 VIN: 206722
 Mileage: NA
 Terms: INSURANCE

Tel: Fax:
 email:

Item	Description	Qty	Unit Price Excl. GST	Line Discount	Line Amount Excl. GST
LABOUR					
L	REMOVE AND REPLACE DAMAGED PARTS , FRONT BUMPER & ACCESSORIES , FRONT AIR INTAKE DUCTS , ETC	1	\$ 1,920.00		\$ 1,920.00
					13440
Sub Total					\$ 15,360.00
Total Amount Include GST:					\$ 16,435.20
SPRAY PAINTING					
L	SPRAY PAINTING FRONT BUMPER	1	\$ 4,500.00		\$ 4,500.00
					4000
Sub Total					\$ 4,500.00
Total Amount Include GST:					\$ 4,815.00
MISCELLANEOUS					
L	DIAGNOSTIC TESTS/ TEST DRIVE, FRONT BUMPER PROTECTIVE FILM , NUMBER PLATE	1	\$ 2,277.00		\$ 2,277.00
Sub Total					\$ 2,277.00
Total Amount Include GST:					\$ 2,436.39
PARTS					
L	REFER TO PARTS LIST ?	1	\$ 26,844.00		\$ 26,844.00
					25854.59
Sub Total					\$ 26,844.00
Total Amount Include GST:					\$ 28,723.08

NOTE: SUPPLEMENTARY PARTS TBA IF NECESSARY

Paul
Hp 90010068

7 days (repair days)

18/02/2021

@1445
Resuv before paint

Grand Total before Tax: \$ 48,981.00
Grand Total Including GST: \$ 52,409.67

This is an estimate only and does not represent a contract for services. This estimate is based on the scope of the work to be completed for the job as described above. This estimate is based on our evaluation of the requirements necessary to complete the job and does not include material price increases or additional labor and material which may be required.

- To resurvey before work starts
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

S/N	TABLE	Ref.	Description	Qty	U/PRICE	E/PRICE	REMARKS
1	18	18	AIR DUCT <i>cm</i>	1	1914.82	1914.82	1914.82
2	121	1	COMPL. FRONT BUMPER <i>de</i>	1	17654.35	17654.35	17654.35
3		8	BUMPER GRILLE <i>bt</i>	1	3883.98	3883.98	3883.98
4		9	GRILLE FASTENER BRACKET <i>bt</i>	2 <i>2 pcs</i>	282.48	847.43	564.96 (x2)
5		10	RIVET <i>nee</i>	6	3.89	23.34	23.34
6		11	RIVET <i>nee</i>	4	47.08	188.32	188.32
7		13	SCREW <i>nee</i>	3	18.84	56.53	56.53 56.52
8		34	PARKING SENSOR <i>cm</i>	2 <i>2 pcs</i>	517.21	1034.42	517.21 (x1)
9		35	CENTRAL SENSOR BRACKET <i>nee</i>	2 <i>2 pcs</i>	189.72	379.44	189.72 (x1)
10	134	7	CAVALLINO RAMPANTE BADGE <i>nee</i>	1	132.15	132.15	132.15
11		8	FRONT ORNAMENT <i>nee</i>	1	471.11	471.11	471.11
12		12	GASKET <i>nee</i>	1	223.63	223.63	223.63
13		27	NUT <i>nee</i>	8	4.31	34.48	34.48
					S\$	26844.01	

25,854.59



OFFICIAL FERRARI IMPORTER SINGAPORE

Ital Auto Pte Ltd

Ital Auto Pte Ltd

30 Leng Kee Road Singapore 159100

Tel: (65) 6475 1118 Fax: (65) 64743336

Company Reg No: 200910458W

GST Reg. No.MR - 8500364 - 4

Tax Invoice

Invoice Name & Address:

EQ INSURANCE COMPANY LTD
5 MAXWELL ROAD
#17-00 TOWER
BLOCK MND COMPLEX
SINGAPORE

069110

Contact:

Customer Name & Address:

Mr Peng Chan Wearn Benedict
26E Peirce Road

Singapore 248543

Tel:

Mobile:

Email: bcwpeng@gmail.com

Service advisor: Valenzuela Crizbert

Contact	Document Number	Date & Tax Point	Order Number	W.I.P. No.	Job No.
E0000018	2105726	12/03/2021		W 19572	8794
Model	Chassis No.	Reg No.	Mileage	Page	
Ferrari CALIFORNIA T	ZFF77XJC000206722	SMR5408B	20080	1	

Description of Goods / Services	Qty.	Unit Price	Unit	Discount	Net Total	V
SUB LABOUR: REMOVE AND REPLACE DAMAGED PARTS , FRONT BUMPER & ACCESSORIES , FRONT AIR INTAKE DUCTS RESPRAY: NEW FRONT BUMPER OUTER AND INNER PART VIN 206722 Subtotal:	1.00	17,440.00		0.00%	17,440.00	S
SUB FRONT NUMBER PLATE VIN 206722	1.00	40.00		0.00%	40.00	S
SUB TO INSTALL FRONT BUMPER PROTECTIVE FILM VIN 206722	1.00	1,700.00		0.00%	1,700.00	S
SUN DIAGNOSTIC TEST/TEST DRIVE Subtotal:	1.00	537.00		0.00%	537.00	S
F310806 AIR DUCT	1.00	1,914.82	EACH	0.00%	1,914.82	S
F86658010 007479/COMPL. FRONT BUMPER	1.00	17,654.35	EACH	0.00%	17,654.35	S
F85080800 007479/BUMPER GRILLE	1.00	3,883.98	EACH	0.00%	3,883.98	S
F85993400 007479/GRILLE FASTENER BRACKET	2.00	282.48	EACH	0.00%	564.96	S
F14642096 007479/RIVET	6.00	3.89	EACH	0.00%	23.34	S
F84053900 007479/RIVET	4.00	47.08	EACH	0.00%	188.32	S
F86876100 007479/SCREW	3.00	18.84	EACH	0.00%	56.52	S
F217832 PARKING SENSOR	1.00	517.21	EACH	0.00%	517.21	S
F84414500 007479/CENTRAL SENSOR BRACKET	1.00	189.72	EACH	0.00%	189.72	S
F84933700 007479/CAVALLINO RAMPANTE BADGE	1.00	132.15	EACH	0.00%	132.15	S
F65394800 007479/FRONT ORNAMENT	1.00	471.11	EACH	0.00%	471.11	S
F85169700 007479/GASKET	1.00	223.63	EACH	0.00%	223.63	S
F16101711 007479/NUT	2.00	4.31	EACH	0.00%	8.62	S
F16101711 NUT	6.00	4.31	EACH	0.00%	25.86	S
Subtotal:					25,854.59	

 Cash Credit Card NETS Cheque

V	Rate	Service/Goods	GST	Net	
S	7.00	45571.59	3190.01	45,571.59	
				GST	3,190.01
				Total	48,761.60
				Paid	0.00
				Owing	48,761.60