



BILLING MEMO

To : Director, Finance (through AR Accountant)
Date : 8 July 2014
Subject : IP _____
SBS _____ on _____
Injured: _____, NRIC S _____

1. Please issue an invoice to:

Company Name: INDIA INTERNATIONAL INSURANCE PTE LTD
(Ref: _____)

Address: 64 Cecil Street #04/#05
IOB Building
Singapore 049711
Attn: Mr P K Modi

2. Details:

No	Description	Amount (\$) (without GST)	GST (\$)	SAP Code	Cost Centre
		-	-		
		-			
	Total:	-	-		

3. No other instructions.

Grace Yeo
Assistant Vice President
Claims Department