

PROJECT QUOTE:**DETAILS NEEDED**

MAIN CONTRACTOR NAME :

MAILING ADDRESS :

PROJECT DETAILS:

TITLE :

START AND END DATE :

DLP/MAINTENANCE PERIOD :

CONTRACT VALUE (\$) :

INTERESTED PARTIES:

PRINCIPAL NAME :

LANDLORD NAME :

MANAGING AGENT NAME :

OTHERS :

INSURANCE REQUIRED**PREM B4 GST**

CONTRACTOR ALL RISK: PUBLIC LIAB (\$) :

WICA :

PERFORMANCE BOND :

REQUESTED BY :

EMAIL AND HP :

DATE REQUESTED :

Note

- a) Copy of Main Contractor's Letter of Award or Quotation is needed to proceed
- b) Bank Transfer to UOB 356-305-907-7 (Astra Assurance Agencies LLP) OR Cheque issued to "ASTRA ASSURANCE AGENCIES LLP" and mail to 49 Marshall Road S424878
- c) There is nil refund for cancellation