

Focus Auto Pte Ltd
Business Reg. No. 201004495R
GST Reg. No. 201004495R
Tel: 6886 9097 Fax: 6481 9095
Email: focus.autopteltd@yahoo.com.sg

Date : 05/10/2024

BY E-MAIL

Your ref: SNL1905D
Our ref: SNQ 3414PP

WITHOUT PREJUDICE

M/S Budget Direct Insurance
190 Clemenceau Avenue
Singapore 079120

Dear Sir/Madam,

ACCIDENT INVOLVING : (SNQ 3414PP & SNL1905D) ALONG PIE (TUAS) JALAN EUNOS FLYOVER
DOA: 23/09/2024 TIME: 0650 HOURS

We refer to the above matter and write on behalf of LIM WU HAO, the registered owner of SNQ 3414P in respect of the above accident.

We are instructed that the above accident was caused by your insured's negligent driving/ or management of your insured vehicle. Your insured's vehicle SNL1905D collided onto the rear portion of our client's vehicle SNQ 3414PP. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows:-

1. Cost of repair	(\$5600 + 9% GST)	\$	6,104.00
2. Loss of Used	(5 days × \$80)	\$	400.00
3. Loss of Rental	(4 days × \$120)	\$	480.00
4. Sundries		\$	30.00

Total Amount: \$ 7,014.00

Enclosed are the following documents for your perusal.

- 1) Driver's driving license/ Identity card
- 2) Certificate of Insurance
- 3) GIA report
- 4) LTA Search (
- 5) Original repair claim
- 6) Car Rental Agreement/ Receipt (RA4050)

The demand herein is in respect of our client's for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice any claim in respect of personal injuries.

Kindly acknowledge receipt of the above said documents within 7 days and your favourable reply is deeply appreciated.

Yours faithfully,

Jenny Koh
Claims Executive
HP: 8139 9800

Jenny Koh

Focus Auto Pte Ltd

Business Reg. No: 201004495R

GST Reg. No: 201004495R

No 1 Kaki Bukit Ave 6 Autobay

#02-50 Singapore 417883

Date: 05 October 2024

LIM WU HAO

C/O NO 1 KAKI BUKIT AVENUE 6

AUTOBAY #02-48/50

SINGAPORE 417883

MOTOR VEHICLE NO: SNQ 3414PP HONDA CIVIC 1.0SE TURBO CVT

REPAIR CLAIM \$ 5,600.00

LUMP SUM

Sub- total : \$ 5,600.00

9% GST : \$ 504.00

Total : \$ 6,104.00

SINGAPORE DOLLARS: SIX THOUSAND ONE HUNDRED AND FOUR ONLY

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 Actual 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 First Submission	23/09/2024 16:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/09/2024 06:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(TUAS) JLN EUNOS FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ3414P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM WU HAO
NRIC No	SXXXX028I
Email Address	wuhao_88@hotmail.com
Mobile Phone No	(Phone) +65-82017768
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	1.0SE TURBO CVT
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
Transmission	Auto
CC	988
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	SHHFK6840HU011967
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MPCM001076

DRIVER

Name of Driver	LIM WU HAO
NRIC No	SXXXX028I
Date Of Birth	21/08/1988
Occupation	Indoor
Driving Pass Date	13/01/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82017768
Alt. Phone Number	-
Email Address	wuhao_88@hotmail.com
Address	BLK 647A TAMPINES STREET 62 #08-183
Address complement	-
Postcode	521647
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LOUISA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20240923/7074

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNL1905D
Vehicle Manufacturer Honda
Vehicle Model HRV 1.5 DX
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver JUSTIN
Contact Number (Phone) +65-93368409
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage FRONT PORTION
Details of property damaged in accident -
No. Of Passenger (Including Driver) -


INJURED PERSONS DETAILS


INJURED 1

Name of injured person LOUISA
Gender Female
Phone No (Phone) +65-90080190
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained MINOR HEAD INJURY AND NECK STRAIN
3DAYS MC
Injured person in which vehicle? SNQ3414P
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

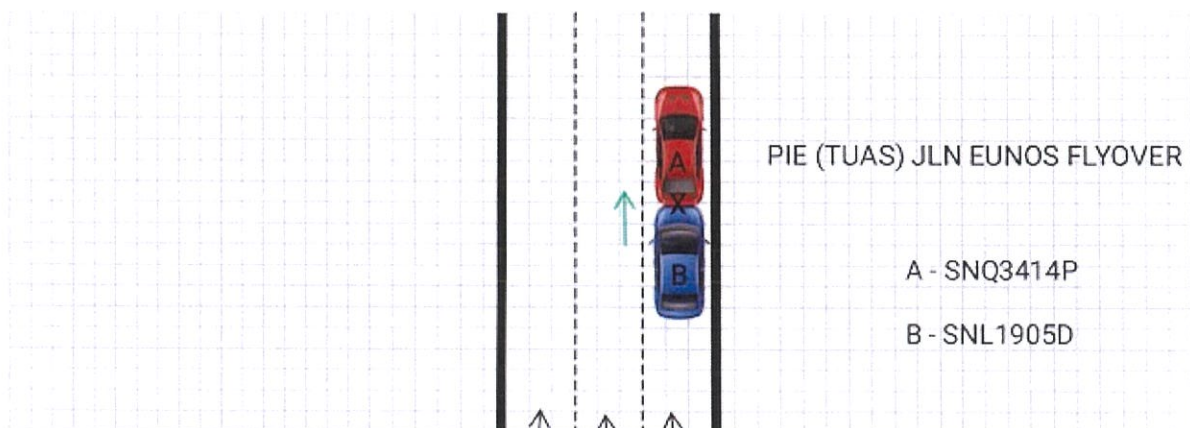
1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any willful misrepresentation or withholding of material 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 center 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 correspondence, statements, invoices, 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.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan 23/09/2024 1600HRS



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20240923/7074

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

23/09/2024 1600HRS

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



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20240923/7074

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240923/7074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2024 15:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM WU HAO			Address: 647A TAMPINES STREET 62 #08-183 SINGAPORE 521647		
ID Type / ID No.: NRIC NO / S88300281			Contact No.: Home/Office: Mobile: 82017768		
Nationality: SINGAPORE CITIZEN			Email: LIMWUHAO@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 21/08/1988	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other engineering professionals			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2024 06:50	Type of Location: Bridge
Location: TO PIE (TUAS)				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNL1905D	Motor car	HONDA	HRV	Black	Slightly Damaged	0
SNQ3414P	Motor car	HONDA	CIVIC 1.0SE TURBO CVT	Red	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SNQ3414P	INDIA INTERNATIONAL INSURANCE PTE LTD	D24MPCM001076	15/06/2024	14/06/2025	



**SINGAPORE
POLICE FORCE**



T/20240923/7074

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20240923/7074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JUSTIN	ID No.	NIL
Related Vehicle	SNL1905D (Motor car)	Contact No.	93368409
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	LOUISA	ID No.	NIL
Related Vehicle	SNQ3414P (Motor car)	Contact No.	90080190
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	LIM WU HAO	ID No.	S88300281
Related Vehicle	SNQ3414P (Motor car)	Contact No.	82017768
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

ON 23/09/2024 AT ABOUT 0650HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNQ3414P ENROUTE FROM HOME AT TAMPINES TO WORK AT TENGAH AIRBASE FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 1 OF PIE (TUAS) JLN EUNOS FLYOVER, DOWNSLOPE PART, THE VEHICLES INFRONT SLOWED DOWN AND CAME TO A STOP. I TOO SLOWED DOWN AND CAME TO A STOP. SHORTLY AFTER THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SNL1905D HIT ONTO THE REAR OF MY VEHICLE. I AM NOT INJURED. MY PASSENGER HAD MINOR HEAD INJURY AND NECK STRAIN.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240923/7074

3 of 3

Report No. T/20240923/7074

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
23/09/2024 15:28


Classification Of Case:




NAME

LIM WU HAO

NRIC NO.

S88300281 

DATE OF BIRTH

21 AUG 1988 

SEX

MALE



NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

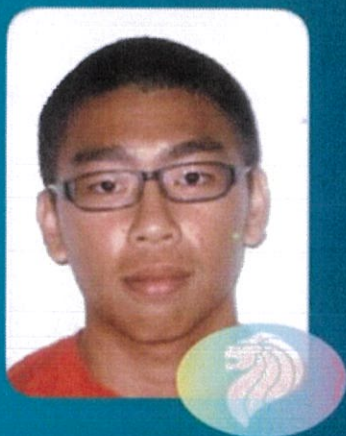
DATE OF ISSUE

22 MAY 2019

ADDRESS

647A TAMPINES STREET 62 **#08-183****SINGAPORE 521647** **Hide details**

Last updated on 24 Sep 2024



LICENCE NO.

S8830028I

CLASS AND ISSUE DATE

3 • 13 JAN 2010

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

001821095E

^ Hide details



Last updated on 24 Sep 2024



Show NRIC

Bubblemum Car Insurance

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NUMBER: D24MPCM001076

COVER: Comprehensive + Warranty

- | | |
|--|---------------------|
| 1. Index Mark and Registration Number of Vehicle | : SNQ3414P |
| Chassis No. | : SHHFK6840HU011967 |
| 2. Name of Policyholder | : Lim Wu Hao |
| 3. Effective date of Insurance | : 15/06/2024 |
| 4. Expiry date of Insurance | : 14/06/2025 |

5. Classes of Persons entitled to drive*

(a) The Policyholder.

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial, speed-testing.
- c) Use for the carriage of goods other than samples in connection with any trade or business.
- d) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not included under these headings.

This Insurance is brought to you by India International Insurance Pte Ltd in partnership with MoneySmart Financial.

Bubblemum is part of MoneySmart Financial Pte Ltd, a Registered Insurance Broker with MAS. Registration (Co. Reg. No. 201632110Z)

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOBI Building | Singapore 041
Office (65) 63476100 Email insure@iil.com.sg
Fax (65) 62244174 Website www.iil.com.sg

ULTIMATE CAR RENTAL

1 KAKI BUKIT AVE 6, #02-50 AUTOBAY@KAKI BUKIT

SINGAPORE 417883

Business Reg. No. 53100391D

Email : ultimate_car_rental@yahoo.com.sg

Tel No. : 6844 4620 Fax No. : 6844 4625

BILL TO

FOCUS AUTO PTE LTD (REVO PERFORMANCE PTE

1 KAKI BUKIT AVE 6

#02-48/50 AUTOBAY @ KAKI BUKIT

SINGAPORE 417883

Tel : 6844 4620 Fax : 6844 4625

INVOICE

NO. : INV005172

DATE : 04/10/2024

P/O REF. : SFN9629H

TERMS : 30 days

PAGE : 1

RA4050 RENTAL 30/09/24-02/10/24

YOUR REF : SNQ3414P

NO.	CODE	DESCRIPTION	QTY	PRICE	DISC	TAX	AMOUNT
1	SFN962 9H	TOYOTA ALTIS 1.6 AT	3 DAY	120.00			360.00

SINGAPORE

THREE HUNDRED SIXTY ONLY

SUBTOTAL	360.00
DISCOUNT	0.00
NETT	360.00
TAX	0.00
GRAND	S\$ 360.00



FOR ULTIMATE CAR RENTAL

CUSTOMER SIGNATURE & STAMP



ULTIMATE CAR RENTAL

Blk 264 Tampines St 21 #01-106 Singapore 520264

Tel: 6844 4620 Fax: 6844 4625

Co. Reg. No. 53100391D

Car Rental

VEHICLE RENTAL AGREEMENT No. RA 4050

HIRER'S PARTICULARS		Vehicle No: <u>SNQ3414P</u> Replace Veh No: <u>SNF9629N</u>	
Name: <u>UM WU HAB</u>		Mileage Out: <u>294079km</u>	
Address: <u>647A Tampines Street 62 #08-183</u> <u>(S) 521647</u>		Make & Model: <u>HONDA Civic</u> Make & Model: <u>Toyota Altis</u>	
Contact Person: _____		Auto / Manual: <u>Civic</u> Auto / Manual: <u>Altis</u>	
Tel: <u>8201 7768</u>		OUT: Date <u>30.09.24</u> OUT: Time _____	
DRIVER'S PARTICULARS		HIRE EXPIRY _____ TIME EXPIRY _____	
Name: <u>SAME AS ABOVE</u>		RENTAL CHARGES	
Address: _____		Daily 3 @ \$ 120 360 00	
Tel No: <u>SAME AS ABOVE</u> H/P No: _____		Weekly @ \$ _____	
P.P. / I.C. No.: _____ D/L. NO: _____		Monthly @ \$ _____	
Date of Birth: <u>21/8/1988</u> Date of Issue / Expiry: _____		Hours @ \$ _____	
Nationality: _____ Pl. Of Issue: _____		Others @ \$ _____	
Occupation: _____ Driving Exp: _____		CDW @ \$ _____	
Refundable Deposits: _____		PAI @ \$ _____	
Cash/Nets/Cheque/VISA/MC Cards No.: _____		Delivery Service _____	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		SUB-TOTAL \$ _____	
FRONT			
LEFT		EXTENSION _____	
		Collection Service _____	
RIGHT		Misc. _____	
		ESTIMATED TOTAL RENTAL \$ 360 00	
REAR		Sales Person Code: _____	
		Hirer is responsible for the first \$ <u>3000 + GST</u> excess for collision / damage to first party. (i.e) ULTIMATE CAR RENTAL Vehicles (including windscreen) and also first \$ <u>3000 + GST</u> excess for collision/damage to third party's vehicles for each and every accident / damage	
ACCESSORIES CHECK		* Additional Excess Loading _____	
<input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S / Tyre		HIRER's Signature <u>WUM</u>	
<input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps		Additional Driver's Signature _____	
<input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD / Cartridges <input type="checkbox"/> S / RIM			

I/We agree to the terms and conditions above, overleaf and that all information given is true and correct in all respect. My/Our Driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLES IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY ULTIMATE CAR RENTAL.
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORISED DRIVER:
 - shall report all accidents involving the said vehicle to the Owner immediately
 - shall take immediate steps to complete and sign Form Mar 1 (Motor Accident Report form) and do all other acts required in compliance with the "NON-INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is reported to the owner)
 - shall report to the police within 24 hours from the occurrence, the following types of accidents:-
 - injury case;
 - non-injury case involving a Government vehicles or damage to Government property;
 - non-injury case involving a foreign vehicle (to obtain their motor insurance, policy, Passport No./Name of the driver, Vehicle number, Log card and Vehicle road tax informational);
 - non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE - THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE 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 ULTIMATE CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	DEPOSIT REFUND	SIGNATURE OF HIRER/DRIVER
<u>02/10/24</u>	<u>5:15PM</u>	<u>294184 km</u>				