



STYTECH AUTO PTE LTD

2 KAKI BUKIT AVE 2 #02-30 SINGAPORE 417921 (Kaki Bukit Auto hub)
TEL: 6444-8125 FAX: 6445-3310 H/P: 9685 8843 Email: stytechent@singnet.com.sg
GST REG. NO: 201601539K CO. REG. NO: 201601539K

Our Ref: SAPL/98807/01/18

Date : 18/1/2018

To : M/S EQ Insurance Company Ltd.
5 Maxwell Rd #17-00
Tower Block MND Complex
S'pore 069110
Attn: Motor Claim Dept

Dear Sir/Mdm,

Re : Claim of repair cost & loss of use for veh no. SDP 4716-K

<u>NO</u>	<u>PRICE</u>
1. Lump Sum Repair Cost For Veh No. SDP 4716-K.....	S\$ 3,210.00
2. Loss Of Use For Rental Bill No: 1164(25/12/17 to 30/12/17)	600.00
3. LTA Search Fee.....	S\$ 7.49

TOTAL : S\$ 3,817.49

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To : M/S EQ Insurance Company Ltd.
5 Maxwell Rd #17-00
Tower Block MND Complex
S'pore 069110
Attn: Motor Claim Dept

Dear Sir/Mdm,

Re : Accident on 21/12/2017 involving veh nos. SDP 4716-K & GT 8896-R
Along Ang Mo Kio Ave 5.

FINAL BILL FOR VEH NO. SDP 4716-K


DESCRIPTION

PRICE

Lump Sum Repair Cost For Veh No. SDP 4716-K.....	S\$3000.00
7% GST.....	S\$ 210.00

TOTAL : S\$3210.00

Yours Faithfully
STYTECH AUTO PTE.LTD.


.....
Mr. Winston Teo
9685-8843

WTM AUTOMOBILE

Reg. No. 53309501L

2 KAKI BUKIT AVENUE 2 #01-02 KAKI BUKIT AUTOHUB SINGAPORE 417921

Mobile No. : 69280881

email: wtm_automobile@singnet.com.sg

M/s Chen Ling Min

INVOICE : 1164

Vehicle No. : SGX1534K
Make : HONDA STREAM
Agreement No. :

Date : 30th Dec 2017
Terms :
Yours Ref :

S/No.			Amount
	(SGX1534K) Rental for 5 days 25/12/17 -30/12/17 Ref: SDP4716K	\$ 120.00	\$ 600.00
			\$ 600.00

All Cheques should be crossed and made payable to WTM AUTOMOBILE

WTM AUTOMOBILE

Thank you for your business !

WTM AUTOMOBILE

2 KAKI BUKIT AVENUE 2 #01-02 KAKI BUKIT AUTOHUB SINGAPORE 417921

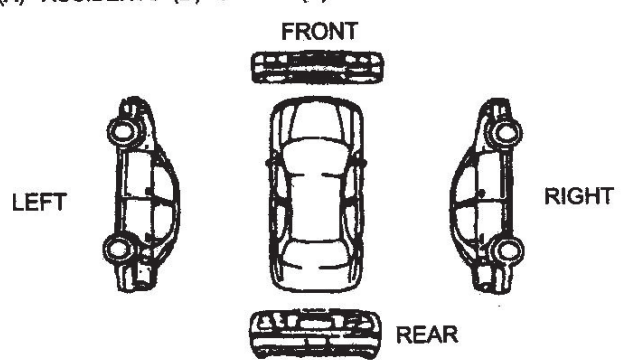
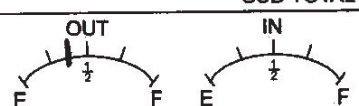
Tel: 69280881

email: wtm_automobile@singnet.com.sg

Co. Reg. No. 53309501L

SOP4716K

VEHICLE RENTAL AGREEMENT No. 1164

HIRER'S PARTICULARS Name: <u>Chen Ling Min</u> Address: <u>Blk 179 Ang Mo Kio Ave 5 #09-287</u> <u>S (560179)</u> Contact Person: _____ Tel: _____ DRIVER'S PARTICULARS Name: _____ Address: _____ Tel No: _____ H/P No: <u>97468745</u> P.P. / I.C. No.: <u>S809430F</u> D/L NO: <u>S8109430F</u> Date of Birth: <u>02/02/81</u> Date of Issue / Expiry: <u>14/05/05</u> Nationality: _____ Pl. Of Issue: _____ Occupation: _____ Driving Exp: _____ Refundable Deposits: _____ Cash/Nets/Cheque No.: _____ (A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES <div style="text-align: center;">  </div> ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S / Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD / Cartridges <input type="checkbox"/> S / RIM		Vehicle No: <u>S6X1534K</u> Replace Veh No: _____ Mileage Out: _____ Mileage In: _____ Make & Model: <u>HONDA</u> Make & Model: _____ Auto / Manual: <u>STREAM</u> Auto / Manual: _____ OUT: Date <u>25/12/17</u> OUT: Time <u>4.00pm</u> HIRE EXPIRY _____ TIME EXPIRY _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">RENTAL CHARGES</th> <th></th> </tr> <tr> <td>Daily</td> <td><u>5 @ \$120</u></td> <td><u>600/-</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUB-TOTAL \$</td> <td><u>600/-</u></td> </tr> </table> <div style="text-align: center;">  </div> EXTENSION _____ Collection Service _____ Misc. _____ ESTIMATED TOTAL RENTAL \$ _____ Sales Person Code: _____ Hirer is responsible for the first \$ <u>2000/-</u> excess for collision / damage to first party. (i.e) WTM AUTOMOBILE Vehicles (including windscreen) and also first \$ <u>2000/-</u> excess for collision/damage to third party's vehicles for each and every accident / damage HIRER's Signature: <u>[Signature]</u> Additional Driver's Signature: _____	RENTAL CHARGES			Daily	<u>5 @ \$120</u>	<u>600/-</u>	Weekly	@ \$		Monthly	@ \$		Hours	@ \$		Others	@ \$		CDW	@ \$		PAI	@ \$		Delivery Service			SUB-TOTAL \$		<u>600/-</u>
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PAI	@ \$																															
Delivery Service																																
SUB-TOTAL \$		<u>600/-</u>																														

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.

IMPORTANT

1. 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 information);
 - 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 WTM AUTOMOBILE 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>30/12/17</u>	<u>5.10pm</u>					<u>[Signature]</u>



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 21 Dec 2017 / 16:04:23

Receipt Date/Time : 21 Dec 2017 / 16:04:23

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171221-001528

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - GT8896R

As at 21 Dec 2017/08:30:00

Insurance Co: EQ INSURANCE COMPANY LTD

1 Insurance Enquiry - GT8896R
Enquiry Fee
20171221160320968831

7.00	0.49	7.49
Sub-Total	7.00	0.49
Total Before Rounding	7.00	0.49
Rounding Difference		0.04
Total Amount Payable		7.45

Paid By

20171221160332674 Direct Debit: eNETS Debit
(Internet Banking) 7.45

Total	7.45
Cash Change	0.00
Tendered Amount	7.45
Excess Refundable Amount	0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Date: 25/12/17

M/S Chen Ling Min
Bik 179 Ang Mo Kio Ave 5
09-2878 Spore (S80179)

To: M/S STYTECH AUTO PTE LTD
2 Kaki Bukit Avenue 2, #02-30
Kaki Bukit Autohub
Singapore 417921

Dear Sir/Mdm,

Repair Cost for Vehicle Number SDP 4761K
Caused by accident dated on 21/12/17 involving vehicle/s number SDP 4716K
X GT8896R at Ang Mo Kio Ave 5.

Our Company / I, Chen Ling Min
vehicle number SDP 4716K hereby authorized you to liaise with the insurance
company and undertake all repairs & any other damages incurred as I am involved in the accident dated
on 21/12/17.

All legal & repair costs will be deducted from the proceeds of my claim and be released to M/S STYTECH
AUTO PTE LTD.

Thank you.

Yours Faithfully

