

BH AUTO SERVICES PTE LTD

BLK 1 SIN MING INDUSTRIAL ESTATE SECTOR C #01-115 SINGAPORE 575636

Tel: 6559 8944 Fax: 6269 2404

CO. REG. NO. 200917512K

GST REG NO. 200917512K

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: SHC2202K

Our Reference: SLX6031C

Date: 23/01/2019

M/s India International Insurance Pte Ltd
64 Cecil Street
#05-01 IOB Building
Singapore 049711

BY POST & EMAIL

Attention: Claims Department

CLAIMANT: TAN SOK FERN

PROPERTY DAMAGED CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 10/05/2018 ALONG TANGLIN ROAD INVOLVING VEHICLE NO SLX6031C & SHC2202K

We act for TAN SOK FERN who was the owner of motor vehicle no. SLX6031C

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 10/05/2018 involving our client's vehicle registration number SLX6031C and vehicle registration number SHC2202K, driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/you insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

1	Cost of Repair (Included 7% GST)	\$ 6122.36
2	Loss of Rental (06days x \$120.00)	\$ 720.00
3	LTA Search Fee	\$ 36.45
	Total :	\$ 6878.81

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA/ Police report lodged by driver of ;
- (b) Final Repair Bill
- (c) Rental Invoice / Loss Of Use
- (d) LTA Search Fee Invoice
- (e) Letter Of Authorization

Kindly revert to our client's claim within the next 7 days.

Yours faithfully,



Yun Shi

(O): 6559 8944 (F): 6269 2404

Email: yunshi.chan@bhauto.com.sg

BH AUTO SERVICES PTE LTD

**BLK 1 SIN MING INDUSTRIAL ESTATE
SECTOR C #01-115 SINGAPORE 575636**

Tel: 6743 3494

Fax: 6269 2404

CO. REG. NO. 201006106C

GST REG NO. 201006106C

TAX INVOICE

Final Repair Bill

Our Ref: SLX6031C

Date: 23/01/2019

**M/s India International Insurance Pte Ltd
64 Cecil Street
#05-01 IOB Building
Singapore 049711**

BY POST & EMAIL

Vehicle No : **SLX6031C**
Make/ Model : **HYUNDAI I30**
Year of Manufacture : **2018**
Chassis No. : **TMAH3513VJJ063822**
Colour : **BLUE**
D.O.A : **10/05/2018**

QTY	ITEM/PARTICULARS	AMOUNT (\$\$)
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1. Repair Cost for Motor Vehicle No. **SLX6031C**
Type of repair: Part By Part :\$\$ **5721.84**

GST @ 7% : \$\$ 400.52

GRAND TOTAL:\$S 6122.36

Total : Singapore Dollars Six Thousand One Hundred Twenty Dollars and Thirty-Six Cents Only.



Company's Stamp & Signature

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 ability.
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 Report	10/05/2018 20:35
Date Of Accident	10/05/2018 14:50
Exact Location Of Accident	TANGLIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6031C
Insured/Policyholder	
Name Of Registered Owner	TAN SOK FERN (CHEN SHUFEN)
NRIC No	S7108069B
Email Address	WOWDS2002@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96319354
Alternative Phone No	OTHERS-96396317

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 1.4 TURBO GLS 5D DCT TURBO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN885543
Cover Note Number	

Driver

Name of Driver	CHIN CHAO MING, LAWRENCE
NRIC No	S8712356A
Date Of Birth	14/05/1987
Occupation	INDOOR
Date Of Driving Pass	21/04/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97765131
Fax Number	
Contact Number	
EMail Address	LWRNCC@GMAIL.COM

Address	8 SOO CHOW WAY
Postcode	575309
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2202K
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH HWEE KIANG
NRIC/Passport Number	S1642626A
Contact Number	9369 2878
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

BA 879

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

10/05/2018

14:50pm

Tanjong Road

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

SLX603IC

Tan Sok Fern (chen shufen)

S7108069D

Blk 820 Rishun Street 81 #07-850 S(760820)

Tel

indoor

Hp 9631 9354

9631 96317

Contact Owner

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident

Hyundai 130 1.4 Turbo GLS 5D DCT TURBO

Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others

private use

Are you claiming under your own insurance policy?

Vehicle category

☐ Yes☒ No

Remarks TP

☒ Private☐ Commercial☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

AXA

☒ Comprehensive☐ TP Fire & Theft☐ Third party☐ Yes☒ No

CN885543

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

Chin Chao Ming, Lawrence

S8717356A

14-05-1987

indoor

21-04-2006

☒ Male☐ Female

Tel

Hp 9776 5131

8 Soo Chow Way S(575309)

☐ Yes☒ No

brother

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

Road Surface

Damage Area

1 pax

☒ Clear☐ Raining☐ Others☐ Wet☒ Dry☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (Including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

☒ No☐ Yes☒ No☐ Yes☐ No☒ Yes☐ No☒ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No☐ Yes☒ No☐ Yes

LWRNCC @ GMAIL.COM

wows2002@yahoo.com

OWN VEHICLE REGISTRATION NUMBER

SLX6031C

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHC2202K
Hyundai

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

Goh Hwee Kian
Sib42626A
9369 2878

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

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?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ 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?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

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



10/5/18 8:45pm Date & Time

Signature of Policy Holder

(Company Chop if applicable)



10 MAY 2018
8:30 PM

Signature of Driver / Date & Time

(If Driver is not the Policy Holder)

Date & Time

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 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.
- (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: 10/5/18

8-45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10 MAY 2018

8:30 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

The sketch plan shows a road layout with two rectangular blocks, each divided into four triangles by diagonal lines. A road runs vertically on the left, and a road runs horizontally at the top. A road runs vertically on the right, with a road branching off horizontally to the right. Arrows indicate traffic flow: up on the left road, down on the right road, and right on the branching road. Two small rectangular areas, labeled A and B, are located on the right side of the rightmost vertical road, near the horizontal branching road. Area A is a small square, and area B is a rectangle. Both are shaded with diagonal lines.


B: SHC2202K

Tanglin Road.

On right lane on Tanglin Rd @ 25 km/h
Taxi exiting Orchard Parade and hit rear side
passenger door.

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

Policyholder's Signature _____
Date & Time: 10/5/18
8:45 pm


 10 MAY 2018
 8:30 PM

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AUTHORISATION

Name of owner of m/vehicle: Tan Sok Fern (Chen Shufen)
Address: BK 820 Vishun St #1 #07-850 S (760820)
NRIC No: S7108069B
RE: ACCIDENT ON 10/05/18 ALONG Tanglin Road
INVOLVING SLX 6031C VS SHC2202K

In consideration of **BH AUTO SERVICES PTE LTD** ("the Workshop") repairing my/our vehicle no. SLX6031C at my/our request, I/We the abovenamed owner of motor vehicle no. SLX6031C hereby authorise the Workshop to demand claim, negotiate, settle my/our claim for cost of repairs loss of use and all other expenses and damages arising out of the above accident.

I/We further authorise the Workshop to appoint solicitors to demand, claim, negotiate, settle and/or commence legal proceedings in my/our name for the above purpose and at the sole discretion of the Workshop. All sums recovered therefrom shall belong to the Workshop absolutely and I/We further authorise the Workshop to give absolute discharge on my/our behalf and to sign all discharge vouchers and other documents in relation to the same on my/our behalf. I/We further agree to fully co-operate with the solicitors appointed by the Workshop on my/our behalf and attend all Court hearings that are necessary to prosecute the claims maintained by the Workshop.

I/We agree that in the event that the claim is rejected for whatsoever reason or the Workshop decides not to proceed with legal proceedings or for whatsoever reason the Workshop is unable to recover all of the repair costs or are only able to recover a portion of the same I/we hereby undertake to pay them the full repair costs and or any portion thereof that cannot be recovered and all expenses including legal costs that they may have incurred in pursuing the claim within 7 days from the date of the written notice for payment by them to my/our last known address.

I/We hereby declare that I/we will always remain and be liable to the Workshop for the cost of repair to my/our motor vehicle and expenses incurred on my/our behalf. In the event that Workshop has to issue any notice or commence legal proceedings against me/us to enforce this undertaking against me/us, I/we shall be liable for the Workshop's expenses and legal cost (including solicitor and client cost) on an indemnity basis.

I/We further authorise the Workshop to give to the other party/parties absolute discharge in respect of any liability and any sum, whether agreed or not made the Workshop or to the law firm appointed by the Workshop towards full settlement of my/our claim it shall be regarded as full and final discharge of the claim.

I/We further authorise the Workshop to settle the above mentioned claim in a manner that they deem fit and the Workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favour of the Workshop.

Date this 10 (day) of 05 (month) 18 (year)

Signed: 

Owner of m/vehicle: TAN SOK FERN SLX 6031C

HP: 96396317

Witnessed:

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-072846

Date of Request: 14/05/2018

Your Ref No: Online Purchase

BH Auto Services Pte Ltd
Blk 1 Sin Ming Industrial Estate Sector C
#01/111/113/115/117
Singapore 575636

Dear Sir/Madam,

Date of Accident: 10/05/2018
Vehicle No: SLX6031C
Place of Accident: TANGLIN ROAD
Involving Vehicle No: SHC2202K

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHC2202K	TANGLIN ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-072843
Date of Request: 14/05/2018

Your Ref No: Online Purchase

BH Auto Services Pte Ltd
Blk 1 Sin Ming Industrial Estate Sector C
#01/111/113/115/117
Singapore 575636

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 10/05/2018
Place of Accident: TANGLIN ROAD
Client Vehicle No: SLX6031C

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

> Back to OneMotoring



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

Print Date/Time : 14 May 2018 / 13:13:29

Receipt Date/Time : 14 May 2018 / 13:13:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180514-001124

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SHC2202K As at 10 May 2018/14:50:59 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHC2202K Enquiry Fee 20180514131220948013	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx0664 Credit Card: Visa/MasterCard			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.

B & O VEHICLE RENTAL

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)
Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000
Reg. No: 53060835M

TOWING SERVICE: 6858 4067 (After 10.30 pm)

HYUNDAI I30.

SLX6031C

车辆出租合同 VEHICLE RENTAL AGREEMENT

Date: 27/6/18
Owner: B & O VEHICLE RENTAL ("the owner")
Hirer: Chin Chao Ming Lawrence
NRIC / Co. Reg. No: S8712356A
Tel: Fax: H/P: 9776 5131
Address: 8, Soo chow Way Singapore 575309.

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: SGB PONT D		Agreement No.: 18294	
Driver's Particulars		Odometer:	
Name: Chin Chao Ming, Lawrence		Date & Time Out: 27/6/18	
Address: 8 Soo chow Way Singapore 575309		Date & Time In: 6/7/18	
I/C No: S8712356 A	Dr/Licence No: S8712356 A	Hour @\$	
Date of Issue: 21/04/2006	Occupation: indoor	11 Days @\$ 120/-	
Date of Birth: 14/05/1987	Tools: obo Spare Tyre: one set	Wks @\$	
		Mths @\$	

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 3000/- comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first \$ 3000/- excess for collision/damage to first party, (i.e.) B & O VEHICLE RENTAL (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable):

Sub-Total:

Balance To Pay: 1320

PETROL/DIESEL AT YOUR OWN EXPENSE
FOR LOCAL USE ONLY

B & O VEHICLE RENTAL

Authorised Signature

Hirer's Signature

Unit 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)
Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000
Reg. No: 53060835M
GROWING SERVICE: 6858 4067 (After 10.30 pm)

出租
羅理德保險有限公司
及聯帶保險有限公司
甲午路理德保險有限公司
必河保代買維中心

To M/s Chin Chao Ming Lawrence

Agreement No. 18284

Payment Terms Cash

Date 6/7/18

E. & O. E.

TOTAL:

813201 ✓

All cheque payment should made payable to
B & O VEHICLE RENTAL

for B & O VEHICLE RENTAL

✓