



PROGRESSIVE
CAR CARE PTE LTD

Progressive Car Care Pte Ltd

(Co. Reg. No. 201006949C)

Blk 3022A Ubi Road 1 #01-45/ 46 S408716

T: +65 6741 5336 | F: +65 6741 7208

E: claims@procarcare.com.sg

W: www.procarcare.com.sg

(D)

08.09.2018

OUR REF : TP 0618-5099

MS FIRST CAPITAL INSURANCE LIMITED

36 Robinson Road #16-01

City House

Singapore 068877

Attn: Motor Claims Department

Dear Sir,

ACCIDENT INVOLVING VEHICLE: SJY 5531 B & SHB 2223 E ON 08.06.2018

We are the authorized repair workshop for the owner of motor vehicle no: **SJY 5531 B**, which was involved in the above captioned accident with your insured vehicle: **SHB 2223 E**. The vehicle owner has requested and authorized us to assist him in presenting the claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

01)	Cost of Repair (incl gst)	\$	12,305.00
02)	LTA Search Fee	\$	7.45
03)	Reimbursement - Loss of Use (8 days x \$100/days)	\$	800.00
04)	Reimbursement - Loss of Rental (16 days x \$180/days)	\$	2,880.00
		\$	15,992.45

We enclosed herewith the following documents to support the claims:-

- a) Letter of Authorisation / GIA report(s) / Insurance Certificate, etc...
- b) Final Tax Invoice / Car rental No 7210 / LTA Search Fee Invoice

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you

Yours faithfully

Pei Wen

Progressive Car Care Pte Ltd

Email: claims@procarcare.com.sg

Progressive Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: claims@procarcare.com.sg
GST:201006949C RCB NO:201006949C

M/S : MS FIRST CAPITAL INSURANCE LIMITED
6 Raffles Quay
#21-00
Singapore 048580
TEL: 62222311 FAX: 62223547
ATTN: Motor Claim Department

Claim No: EST1503717
Final No: PS1502778
Date: 08 Sep 2018
Policy No: MT/00262046/02
Veh Reg No: SJY5531B
Make/Model: HYUNDAI LM TUCSON
2.0L AUTO ABS D/AB
2WD 5DR
Chassis No: KMHJU81BMBU056299
Engine No: G4KDAA308048
Reg. Date: 14/09/2010

Your Ref No: TP 0618-5099
Claim Type: Third Party
Accident Date: 08/06/2018
TP Veh Reg No: SHB 2223 E

Final Repair BillSJY5531B

Description	Quantity	Price	Amount
		<u>S\$</u>	<u>S\$</u>
Spare Parts			
1 TO PROCEED ON LUMP SUM REPAIR	1 JOB	11,500.00	
		11,500.00	11,500.00
		Total	S\$ 11,500.00
		Add GST @ 7%	805.00
		Total Amount Payable	S\$ 12,305.00

TOTAL: SINGAPORE DOLLAR TWELVE THOUSAND THREE HUNDRED AND FIVE ONLY

For Progressive Car Care Pte Ltd


AUTHORISED SIGNATURE

Progressive Car Care Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716
Tel: 6741 5336 Fax: 6741 7208
Email: claims@procarcare.com.sg



PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716

Tel:: 6741 5336 (6 Lines) Fax: 6741 7208

E-mail: progauto@progauto.com.sg

Reg. No.: 201006949C

We specialise in repairing, panel beating, spray painting of all kinds of Vehicles and also insurance claims. All enquiries are welcome.

Date : 8 September 2018

Our Ref : TP 0618 - 5099

I / We LIM YEW TEE EVEN Nric No S 1418062A

Residing at 26 SIMEI ST. 1 # 05-01 S(529947) owner of

Vehicle No SJY 5531B hereby authorize PROGRESSIVE AUTOMOTIVE PTE LTD at

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716 to resolve the above matter.

In respect of this authorization, I / We confirmed to accept whatsoever settled or agreed by them

and also agreed that all Payments include Loss of Use to make in favour of

PROGRESSIVE AUTOMOTIVE PTE LTD.

I / We am/are fully aware that all settlement made in respect of the accident occurred on

8/6/18 Along / at Hougang Ave 2 will be full and

Final discharge of the claims inclusive of damages, loss of use etc.



SIGNATURE OF OWNER

LIM YEW TEE EVEN
97351108

THIRD PARTY DISCHARGE VOUCHER

I / We LIM YEW TEE EVEN agreed to accept the sum of
(SGD 15992.45) _____ in full and

Final Settlement of all claims that I / We or may hereafter have against the driver / owner of motor

Vehicle no SHB 2223E and or MS First Capital Insurance Limited.

For damaged / Loss to motor vehicle no SJY5531B arising from an accident

on 8/6/18, Along Hougang Ave 2

I / We hereby authorised you to make payment without admission of liability on the part

of _____ or your insured direct to M/s PROGRESSIVE AUTOMOTIVE PTE LTD .




SIGNATURE OF CLAIMANT

NRIC No

S1418062A

Progressive Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46

Singapore 408716

Tel: 6741 5336 Fax: 6741 7208

Email: claims@procarcare.com.sg

SIGNATURE OF WITNESS



Date: 1 September 2018

Notice of Change of Company Name

Dear Business Partners,

We would like to inform you that **with effect from 1 September 2018**, the name of our company, Progressive Automotive Pte Ltd, has changed to:

Progressive Car Care Pte Ltd

The change of name has been prompted by plans to provide more holistic car care services to our customers.

All other details regarding the company (UEN, address, bank account information, phone and fax numbers, etc) remain unchanged. The change to the company name shall have no effect on our company's rights and obligations towards business partners or to their rights and obligations towards us. Nothing will be changed regarding contracts already entered into.

All new business correspondence, payments, invoices, new contracts and amendments to existing contracts from 1 September 2018 onwards shall be under the new company name.

As the case(s) attached herewith are created before 1 September 2018, some of the forms will reflect our previous company name, Progressive Automotive Pte Ltd.

If you require any clarification, kindly email us at our claims email address: claims@procarcare.com.sg

Sincerely,

Wayne Lim

Manager

Progressive Car Care Pte Ltd

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	08/06/2018 17:40
Date Of Accident	08/06/2018 10:50
Exact Location Of Accident	HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5531B
Insured/Policyholder	
Name Of Registered Owner	LIM YEW TEE EVEN
NRIC No	S1418062A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97351108
Alternative Phone No	OTHERS-83280925

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/0026204/02
Cover Note Number	

Driver

Name of Driver	LIM ZHIWEN, CYRIL
NRIC No	S8902813B
Date Of Birth	23/01/1989
Occupation	INDOOR
Date Of Driving Pass	21/05/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83280925
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	26 SIMEI STREET 1 #05-01 SINGAPORE
Postcode	529947
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SHB2223E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH KAI KEE
NRIC/Passport Number	S1171170G
Contact Number	97316287
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB9969L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PING AN
NRIC/Passport Number	
Contact Number	86483246
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM ZHIWEN, CYRIL
Approximate Age	
Injuries Sustain	NECK & BACK PAIN
Injured person in which vehicle?	SJY5531B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



Vehicle No

A - SJY5531B

B - SHB223E

C - GBB9969L

Legend



Vehicle



Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Attach Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SHRMAL SketchplanForm - v1



**SINGAPORE
POLICE FORCE**



T/20180608/2104

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

1 of 3

Report No. T/20180608/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2018 15:49			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: LIM ZHIWEN,CYRIL			Address: APT BLK 26 SIMEI ST 1 #05-01 MELVILLE PARK SINGAPORE 529947			
ID Type / ID No.: NRIC NO / S8902813B			Contact No.: Home/Office: Mobile: 83280925			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 29	Date of Birth: 23/01/1989	Type of Informant: Driver			
Race: Chinese			Language:		Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2018 10:50	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 2				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9969L	Lorry				Slightly Damaged	0
SHB2223E	Car				Seriously Damaged	0
SJY5531B	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180608/2104

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

2 of 3

Report No. T/20180608/2104

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION

I WAS DRIVING ALONG HOUGANG AVE 2..THE ROAD CONSIST OF 3 LANES AND I WAS IN THE MIDDLE LANE..I WAS GOING STRAIGHT AND THERE WAS A LORRY IN THE FRONT OF ME.JUST AT A TRAFFIC JUNCTION,THE LORRY STOPPED AT THE RED LIGHT SIGNAL.I SLOWED DOWN AS WELL.BUT THE TAXI WHICH WAS BEHIND ME,I GUESS THE DRIVER WAS SPEEDING,COULDNT STOP OR BRAKE ON TIME .THE DRIVER SMASHED INTO MY VEHECLE VERY BADLY. DUE TO THE IMPACT,MY CAR MOVED FORWARD AND HIT THE LORRY.

AFTER THE HIT,I APPROACHED THE DRIVERS TO CHECK ON THEM IF THEY WERE DOING FINE.ONE OF THE PESSANGER WAS INJURED AND NEEDED MEDICAL ATTENTION.SO I CALLED THE AMBULLANCE.THE TOWING CREW WAS ACTIVATED TOO. AMBULLANCE ARRIVED AT SCENE AND THE PESSANGER WAS BROUGHT OVER TO THE HOSPITAL.. TOWING SERVICE WAS AT THE SCENE AND TOWED BOTH MY CAR AND THE TAXI TO THE WORKSHOP..

THATS ALL..



**SINGAPORE
POLICE FORCE**



T/20180608/2104

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

3 of 3

Report No. T/20180608/2104

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/06/2018 15:49

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00262046/02
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SJY5531B
Chassis No.	: KMHJU81BMBU056299
2) Name of Policy Holder	: LIM YEW TEE EVEN
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 14/03/2018 00:00
4) Date/Time of Expiry of Insurance	: 13/03/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured (b) Any named person under the policy who is driving on the Insured's order or with his permission. (c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 600.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: UOB
Main driver	: LIM YEW TEE EVEN
Named driver	: None
Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.	

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 12/02/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Jun 2018 / 09:36:27

Receipt Date/Time : 12 Jun 2018 / 09:36:27

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180612-000330

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 - SHB2223E

As at 08 Jun 2018/10:50:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1 Insurance Enquiry - SHB2223E
Enquiry Fee
20180612093525285852

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

xxxxxxxxxxxx6010 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.

**EXPRESS RENTAL**

Blk 3022A Ubi Road 1 #01-45 Singapore 408716 Tel: 6841 8055 (2 Lines) Fax: 6741 7208

OFFICIAL RECEIPTNo: **5375**Date: 2/7/2018

Received from Lim Yew Tee Even
the sum of Dollars Two Thousand ~~Eighty~~ ^{four} Eight Hundred And
Eighty Only
being payment of RA 7210 / SLG 8732P

\$ 2880/-
Cash/Cheque No.

*All receipts subject to the clearance of cheque.***EXPRESS RENTAL**

Authorised Signature

RENTAL AGREEMENT NO: 7210

HIRER'S PARTICULAR Name : <u>Lim Tew Tee Eren.</u> Address : <u>26 Simei St 1</u> <u>#05-01 (529947).</u> Nric No : <u>58902813 B.</u> Tel (R) : _____ H/P : <u>97351108.</u> Off : _____ Licence Expiry : _____ Class : <u>3.</u> Driving Experience : _____ Age : _____ Co.Name/ Address : _____ Occupation: _____		GUARANTOR / ADD. DRIVER Name : <u>Lim Zhirver Cyril.</u> Address : <u>Same as Hirer.</u> Nric No : _____ Tel (R) : _____ H/P : <u>83280925</u> Off : _____ Licence Expiry : _____ Class : <u>3.</u> Driving Experience : _____ Age : _____ Co.Name/ Address : _____ Occupation: _____																																					
Make : <u>Toyota 'Carny.</u>		Vehicle No: <u>SLG 8732 P.</u>																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">RENTAL CHARGES</th> <th>S\$</th> </tr> <tr> <td>Hours @\$</td> <td>per hour</td> <td></td> </tr> <tr> <td>16 Days @\$ 180</td> <td>per day</td> <td>2880</td> </tr> <tr> <td>Weeks @\$</td> <td>per week</td> <td></td> </tr> <tr> <td>Monthly @\$</td> <td>per month</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUB-TOTAL</td> <td></td> </tr> <tr> <td colspan="2">Deposit</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL CHARGE</td> <td>2880</td> </tr> </table>		RENTAL CHARGES		S\$	Hours @\$	per hour		16 Days @\$ 180	per day	2880	Weeks @\$	per week		Monthly @\$	per month		SUB-TOTAL			Deposit			TOTAL CHARGE		2880	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">METHODS OF PAYMENT</th> </tr> <tr> <td>Cash</td> <td>Cheque No.</td> </tr> <tr> <td>Bill Co:</td> <td></td> </tr> <tr> <td>Credit Card No:</td> <td></td> </tr> <tr> <td>Exp. Date</td> <td></td> </tr> <tr> <td>Type:</td> <td></td> </tr> </table>		METHODS OF PAYMENT		Cash	Cheque No.	Bill Co:		Credit Card No:		Exp. Date		Type:	
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Exp. Date																																							
Type:																																							
INSURANCE EXCESS CLAUSE																																							
Hirer is responsible for the first S\$ <u>3000/-</u> (I.e.EXPRESS RENTAL'S) vehicle and also first S\$ party's vehicle for each and every accident / damage.		excess for collision / damage / fire & theft for the first party excess for collision / damage / fire & theft to third																																					
CHECK OUT Date Out <u>16/6/18</u> Time Out <u>1000</u>		CHECK IN Date In <u>2/7/18</u> Time In <u>1035</u>																																					

HIRER'S DECLARATION

I have read the terms & conditions on overleaf of this rental agreement. I acknowledge receipt of vehicle in good condition plus accessories and if I opt to pay by credit/charge card, my signature here is to deemed to have been made on the application credit card charge slip. I am aware that Express Rental may have to take necessary steps by contact my employer in order to qualify me as a hirer.




Hire's Signature

EXPRESS RENTAL