



**Teamwork Garage Pte Ltd**  
53 Ubi Avenue 1 #01-23/24 Singapore 408934  
Paya Ubi Industrial Park  
Tel: 6844 2475 Fax: 6844 2474  
Email: [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)  
GST Register No: 201015366H

19<sup>th</sup> September 2019

Our reference: 1908-20

Your reference: SHB4335C

**India International Insurance Pte Ltd**

**BY HAND**

64 Cecil Street  
#05-00 IOB Building  
Singapore 409711

**Attn: Motor Claims Department**

Dear Sir/ Madam,

Claimant : ONE2RENT CARS PTE  
Address : 70 UBI CRESCENT #01-12 S(408570)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **08/08/2019** along **OUTSIDE CONRAD CENTENNIAL SINGAPORE** involving our client's vehicle registration number **SGF588G** and vehicle registrations number **SHB4335C** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the 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:-

Cost of Repair	:	\$ 3,370.50
Loss of Rental	:	\$ 840.00
LTA search fee	:	\$ 7.49
Purchase 3P GIA Report	:	\$ 29.00
<b>Total</b>	<b>:</b>	<b>\$ 4,246.99</b>

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report / Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) LTA search Invoice;
- e) Purchase 3P GIA Report;
- f) Letter Of Authorisation;
- g) Profoma Invoice;
- h) Rental Agreement & Official Receipt;

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

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



A handwritten signature in black ink, appearing to be "W. S. S.", written over a diagonal line.

Teamwork Garage Pte Ltd

Encl.

## 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 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 Report	13/08/2019 12:14
Date Of Accident	08/08/2019 14:15
Exact Location Of Accident	OUTSIDE CONRAD CENTENNIAL SINGAPORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF588G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108639457
Cover Note Number	
<b>Driver</b>	
Name of Driver	MIKE NG YAM SENG
NRIC No	S1322760H
Date Of Birth	13/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94314501
Fax Number	
Contact Number	OFFICE-94314501
EEmail Address	NOEMAIL

Address	BLK 556 BEDOK NORTH STREET 3 #03-934
Postcode	460556
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

**General Information of the Accident**

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER TO STATEMENT.

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHB4335C
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENG KOK KWANG
NRIC/Passport Number	S1554634D
Contact Number	96801289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MIKE NG YAM SENG
------	------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SGF588G

YES

NO

# Accident Sketch Plan

Form No. 10/1

1. This report is prepared by the driver of the accident to speed up the claims process.
2. This form must be prepared by the Policyholder and/or the Authorized Driver.
3. Information provided must be as accurate and complete as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind a policy liability.
4. The false information on the Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

**How to obtain this report: Please refer to the Public for information.**

This report is prepared by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application in information centre.

1. By completing and submitting this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available as above.

**Consent under the Personal Data Protection Act (PDPA)**

and where, as I acknowledge, agree and consent that:

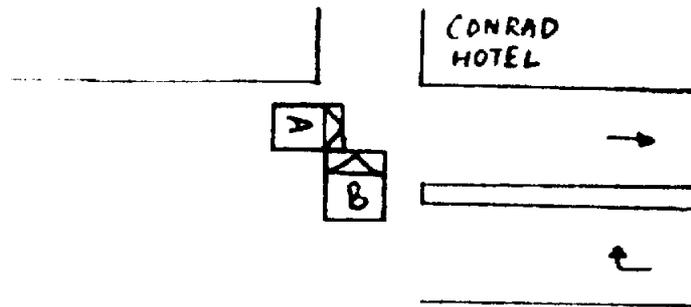
- (a) my insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or processed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Director's Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
  - (i) discussing, 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;
- (b) disclosing my claims (including the sending of correspondence, statements, invoices, reports or notices to me, which may 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
- (c) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
- (d) 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
- (e) my Personal Information may/are 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 sites outside of Singapore, for one or more of the above Purposes;
- (f) 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;
- (g) 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 Person's Signature  
Name:  
NIC/FIN No.:

Accident Sketch Plan



A: SGF588G  
B: 8HB4335C

DESCRIPTION OF THE ACCIDENT

I was travelling straight outside Conrad Centennial Singapore. When I approaching the entrance of the hotel, vehicle B which was making a right turn collided onto my vehicle.

DECLARATION

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel Signature  
Name:  
NMAC/PTM No.



**SINGAPORE  
POLICE FORCE**



T/20190821/7013

1 of 3

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

Report No. T/20190821/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/08/2019 11:02	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MIKE NG YAM SENG		Address: APT BLK 556 BEDOK NORTH STREET 3 #03-934 SINGAPORE 460556	
ID Type / ID No.: NRIC NO / S1322760H		Contact No.:	Mobile: 94314501
Nationality: SINGAPORE CITIZEN		Email: claims@teamworkgarage.com	
Sex: Male	Age: 60	Date of Birth: 13/09/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2019 14:15	Type of Location:
Location: Outside Conrad Centennial Singapore				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGF588G	Car					0
SHB4335C	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190821/7013

2 of 3

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

Report No. T/20190821/7013

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MIKE NG YAM SENG	ID No.	S1322760H
Related Vehicle	SGF588G (Car)	Contact No.	94314501
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	07	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was traveling straight outside Conrad Centennial Singapore with my vehicle(SGF588G). When I approaching the entrance of the hotel, vehicle (SHB4335C) which was making a right turn collided onto my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20190821/7013

3 of 3

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

Report No. T/20190821/7013

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2019 11:02
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 179N

### Vehicle Details

Vehicle No.: SGF588G  
Vehicle to be Exported: No  
Intended Deregistration Date: 08 Aug 2019  
Vehicle Make: TOYOTA  
Vehicle Model: COROLLA ALTIS CLASSIC 1.6 CVT  
Primary Colour: White  
Manufacturing Year: 2016  
Engine No.: 1ZR560814  
Chassis No.: MR053REH104548436  
Maximum Power Output: 90.0 kW (120 bhp)  
Open Market Value: \$17,982.00  
Original Registration Date: 02 Jun 2016  
First Registration Date: 02 Jun 2016  
Transfer Count: 0  
Actual ARF Paid: \$17,982.00

### Intended PARF Rebate Details

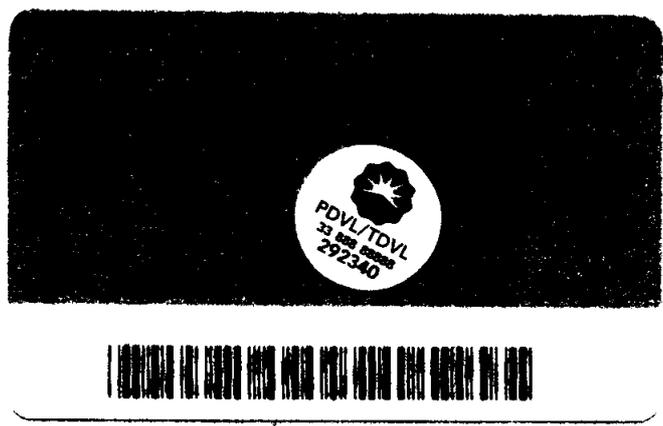
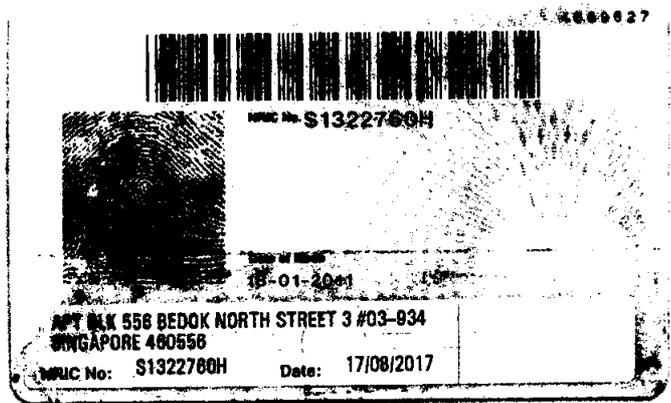
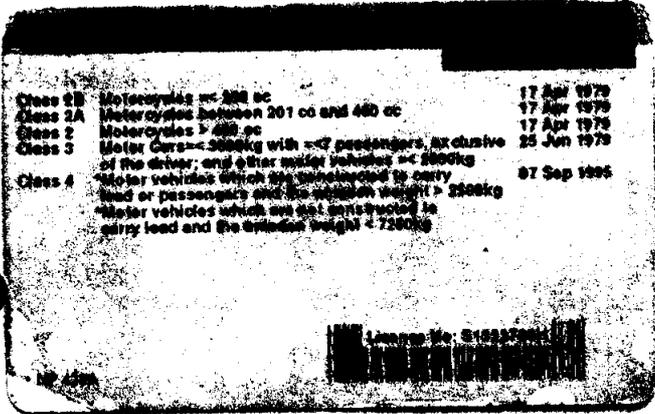
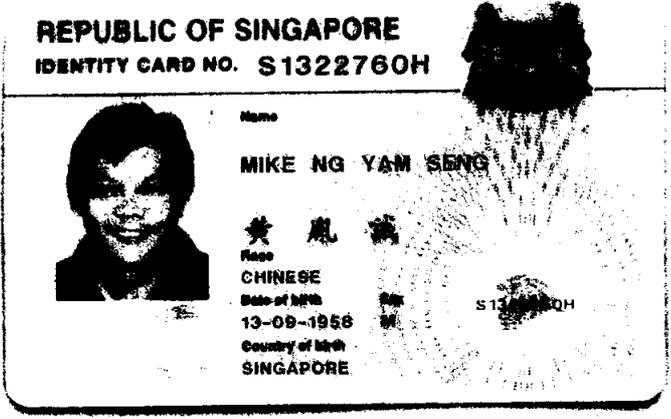
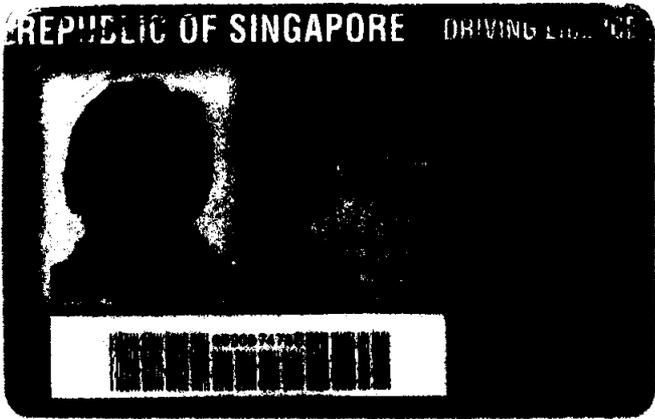
PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 01 Jun 2026  
PARF Rebate Amount: \$13,486.00

### Intended COE Rebate Details

COE Expiry Date: 01 Jun 2026  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$43,000.00  
COE Rebate Amount: \$29,302.00  
**Total Rebate Amount: \$42,788.00**

The information contained herein is correct as at 08 Aug 2019

OK



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 Aug 2019 / 18:31:25

Receipt Date/Time : 13 Aug 2019 / 18:31:24

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190813-002797

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
<b>Result of Insurance Enquiry - SHB4335C</b>				
As at 08 Aug 2019/14:15:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHB4335C Enquiry Fee 20190813175134947593	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Result of Insurance Enquiry - SHB271D</b>				
As at 11 Aug 2019/18:00:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
2	Insurance Enquiry - SHB271D Enquiry Fee 20190813175134985258	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Result of Insurance Enquiry - SGD8185T</b>				
As at 11 Aug 2019/12:05:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
3	Insurance Enquiry - SGD8185T Enquiry Fee 20190813175135013423	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		21.00	1.47	22.47
<b>Rounding Difference</b>				0.02
<b>Total Amount Payable</b>				22.45
Paid By				
	xxxxxxxxxxxx5880 ,		Credit Card: Visa /MasterCard	22.45
<b>Total</b>				22.45
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				22.45
<b>Excess Refundable Amount</b>				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.**



**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-19-131180  
Date of Request: 14/08/2019

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD  
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No: SGF588G  
Date of Accident: 08/08/2019  
Place of Accident: CONRAD CENTENNIAL  
Involving Vehicle No: SHB4335C

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.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque



RECORDS MANAGEMENT CENTRE

**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-19-131181

Date of Request: 14/08/2019

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD  
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934

Dear Sir/Madam,

Date of Accident: 08/08/2019

Vehicle No: SGF588G

Place of Accident: OUTSIDE CONRAD CENTENNIAL SINGAPORE

Involving Vehicle No: SHB4335C

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\$)
SHB4335C	OUTSIDE CONRAD CENTENNIAL SINGAPORE	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:

GIRO  Cash  Cheque

LETTER OF AUTHORIZATION

To III And teamwork garage pte ltd (Third party insurance & Workshop)

Claimant ONE2rent Cars Pte Ltd

Dear Sirs,

I/We, ONE2rent Cars pte Ltd owner of vehicle no. SGF5886

hereby authorize my/our repairer, Teamwork garage pte ltd

act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. SGF 5886 that was damage pursuant

to the accident which occurred at/along outside Conrad Centennial Singapore

involving vehicle nos. SHB4335C

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors TEAMWORK garage pte ltd. I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors TEAMWORK garage pte ltd pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Thank you.

Dated this 13 day of 07 (month) 20 19 (year)



Signature of owner vehicle (claimant): .....

Name of owner of vehicle (claimant): .....

NRIC Number (claimant): .....



**TeamWork Garage Pte Ltd**  
 53 Ubi Avenue 1 #01-23/24 Spore 408934  
 Paya Ubi Industrial Park  
 Tel : 6844 2475 Fax : 6844 2474  
 E-mail : claims@teamworkgarage.com  
 GST registered number : 201015366H

**PROFOMA INVOICE - PI-1932**

**ONE2RENT CARS PTE LTD**  
 C/O 53 Ubi Avenue 1 #01-24  
 Paya Ubi Industrial Park  
 Singapore 408934

Date : 19-Sep-19  
 Vehicle number : SGF588G  
 Make Model : TOYOTA ALTIS  
 Accident date : 08-Aug-19  
 Reference number : 1908-20

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump sum repair	:	3150.00
7% GST	:	220.50
<b>Grand total</b>	:	<b>3370.50</b>
Singdollars: <b>THREE THOUSAND THREE HUNDRED SEVENTY DOLLARS AND FIFTY CENTS ONLY</b>		



Teamwork Garage Pte Ltd

# K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934  
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com  
Biz Reg. No.: 53208965X

No.: 3204

## OFFICIAL RECEIPT

Date: 19 SEP 2019

Received from Onevent Cars pte Ltd

The Sum of Dollars eight hundred and forty dollars only

Being payment of SKU 95326 20/08/2019 - 26/08/2019

\$ 840

K & t Cars



Cheque No.: \_\_\_\_\_

Authorised Signature

# K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park  
Singapore 408934  
Tel: 6847 5938 Fax: 6285 5228  
Email: kntcars@gmail.com  
Biz Reg. No.: 53208965X

## VEHICLE RENTAL AGREEMENT

NO.: KT-04186

Veh. No.: SKU9532G	Replace Veh. No.: SGF5886
Veh. M / M: Toyota Altis	Replace Veh. M / M: Toyota Altis

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: One2rent Cars pte Ltd		Name: Mike Ng Yam Seng	
Address:		Address:	
I/C:	D.O.B:	I/C: S13227604	D.O.B: 13/09/1958
Contact:	Pass Date:	Contact: 94314501	Pass Date: 25/06/1979

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	20/08/2019		Date In	26/08/2019	
Time Out			Time In		
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	120	7 Days @ \$ 840	OUT	E	¼	½	¾	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	¼	½	¾	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)			Amt payable* \$ 840	Petrol Charges	YES	NO	AMT: _____		
				CDW	YES	NO	AMT: _____		
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit	YES	NO	AMT: _____		
Bank / Cheque No.:				Advance Payment	YES	NO	AMT: _____		

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

### IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- ❖ Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- ❖ Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- ❖ Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- ❖ Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- ❖ The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- ❖ In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- ❖ In view of all accident, the hirer will bear the full responsibility for the SGDS\$3,500/- excess payable to K & t CARS and also the first SGDS\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)