



AUTOBAY@KAKIBUKIT

1, Kaki Bukit Avenue 6 Blk C #01-34/#01-61, Singapore 417883 Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Reg. No.: 254678/00M



Your Ref:

Our Ref :

Date: 30.12.2019

**Attn: Motor Claims Dept** 

# ACCIDENT ON 04.10.2019 INVOLVING VEHICLE SMA 8052 M & XE 6066 K ALONG TPE NEAR SENGKANG EXIT TWDS SLE

With regards to the above, we are writing on behalf of the registered owner of vehicle SMA 8052 M which was involved in the above mentioned accident.

We are informed that the above accident was caused solely by the negligence of your insured vehicle XE 6066 K.As a result of the accident, our client's vehicle was damaged and our client had instructed us to submit his claims for loss and expenses, particulars of which are follows:

1) Repair cost

2) Loss of rental-\$120 X 07 days

3) LTA search

	\$ 7,500.00
	\$ 840.00
	\$ 7.49
Total	\$ 8,347.49

We hereby enclosed herewith the following documents for your consideration of the above claim.

a) Final Repair Bill Of SMA 8052 M

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

華明 噴漆廠
MENG SPRAY PAINTING WORKSHOP
AUTOBAY@KAKI BUKIT
1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883
TEL: 6747 8064, 6746 5519 FAX: 6743 4896

Yours faithfully,

**HUA MENG SPRAY PAINTING WORKSHOP** 





AUTOBAY@KAKIBUKIT

1, Kaki Bukit Avenue 6 Blk C #01-34/#01-61, Singapore 417883 Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Reg. No.: 254678/00M



Your Ref:

Our Ref :

20/12/2019

Date:....

**VEHICLE NO** 

:SMA 8052 M

MAKE / MODEL

:TOYOTA VIOS

NAME

:HO SOO LIEW

**ADDRESS** 

:BLK 609 BEDOK RESERVOIR ROAD

#08-676

S 470609

#### FINAL REPAIR BILL FOR VEHICLE NO:SMA 8052 M

TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR REPAIRING, KNOCKING, WELDING AND TO RESPRAY PAINTING (LUMPSUM REPAIR)

\$ 7,500.00

SINGAPORE DOLLARS: SEVEN THOUSAND FIVE HUNDRED ONLY

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Contact Number EMail Address

- 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 witholding 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	05/10/2019 08:58
Date Of Accident	04/10/2019 07:40
Exact Location Of Accident	TPE NEAR SENGKANG EXIT TWDS SLE
Country/State of Loss	SINGAPORE
0	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA8052M
Insured/Policyholder	
Name Of Registered Owner	HO SOO LIEW
NRIC No	S1762704Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97517872
Alternative Phone No	OFFICE-97517872
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS010688
Cover Note Number	•
Driver	
Name of Driver	TAN JUN HENG JAVAN
NRIC No	S9822809H
Date Of Birth	08/07/1998
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2019
Oriving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-89034045
ax Number	

**NOEMAIL** 

Address

BLK 295A COMPASSVALE CRES #11-209

Postcode

541295

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - GIRL FRIEND FATHER

-

Insurance Company of Driver's Own Vehicle

\_

General Information of the Accident

Type Of Accident

**COLLISION - CHANGE/CROSS LANE** 

Weather Conditions

**RAINING** 

Road Surface

WET

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)

3

Passenger 1

NAME:

: VIVIEN HO SHU YU

GENDER:

: FEMALE

Passenger 2

NAME:

: FRANCIS TIAN KAI EN

GENDER:

: MALE

**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)

946 A.

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera? Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour XE6066K

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

RAMANATHAN KARTHIKEYAN

NRIC/Passport Number

Contact Number

86204005

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

TAN JUN HENG JAVAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMA8052M

Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 2**

Name

VIVIEN HO SHU YU

Approximate Age

Injuries Sustain

**BODY** 

Injured person in which vehicle?

SMA8052M

Were seat belts worn?

YE\$

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 3**

Name

FRANCIS TIAN KAI EN

Approximate Age

Injuries Sustain

**BODY** 

Injured person in which vehicle?

SMA8052M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 misrapresentation or withholding of material facts may allow insurance companies to regudiate 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 content 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 instrer, 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 daims,
  - (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
- (b) all insurer(s) who have insured vehicle(s) envolved 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/ran 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 Oate & Time. Daver's Signature

(If onver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

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A: SMA 805. 111	and the property and the second secon	
	S OF THE ACCIDENT	
		TPE hear Sengkong Exit
		Vehicle B (o) into my
lane from Lane	: 3. Vehicle B was coll	ided onto right pertion
of my vehicle-	Vehicle B didn't broke	after he collided my
vetricle		
	11.00	
ECLARATION		
(We declare the foregoing part	cliculars are true in every tesperal.	det.
offsyholder's Signature rate & Time:	Oriver's Signature [If dover is not the policyholder]	Reporting Centre Personnel's Signature Name:





1 of 3 Report No. T/20191004/7027

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

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time 04/10/2019	Report Ma 16:19	ide:	Vide Report No.:	Station Diary No.:	
inoment!	કા-કામાંલા	16.			
Name of Informant: TAN JUN HENG JAVAN			Address: APT BLK 295A COMPASSVALE CRESCENT #11-209 SINGAPORE 541295		
ID Type / ID No.: NRIC NO / S9822809H			Contact No.: Home/Office:	Mobile: 83895779	
Nationality: SINGAPORE CITIZEN		N	Email: unhunhappy.acc@gmail.com		
Sex: Male	Age: 21	Date of Birth: 08/07/1998	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name: English		
Occupation: Nsf			Driving Licence Information: Class: 3A	Date of Expiry:	

General Informati	on of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2019 07:40	)	Type of Location: Straight Road
Location:		· · · · · · · · · · · · · · · · · · ·	-		
TAMPINES EXPF	RESSWAY				
			•		
Weather: Heavy rain		Road Surface: Wet		Road	d Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wor	king	Traffi Heav	ic Volume: /y
Type of Collision: Between Moving	Vehicles - Head To Sid	le		Anyo ambu No	one conveyed by ulance:

W ballsie	ahidle lhydlyed				
Wenge No.	Ūyjoe	Make Model	Golor	Condition	No of Passance
SMA8052M	Car	Toyota		Seriously Damaged	3
XE6066K	Lorry			Slightly Damaged	1

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





2 of 3 Report No. T/20191004/7027

#### **CONTINUATION OF REPORT**

Diker					
Name	TAN JUN HENG JAVAN		ID No	).	S9822809H
Delete 137 1					
Related Vehicle	SMA8052M (Car)		Conta	ct No.	83895779
Heenite!/Olivie	NIII				
Hospital/Clinic	NIL		Class		Class: 3A
			Drivin Licen		Date of Expiry: NIL
				/ Date	
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave   05	Degree of		Serio	118
Passenger					
Name	VIVIEN HO		ID No	in the second	S9825977E
Related Vehicle	SMA8052M (Car)		Conta	ct No.	91759376
				Ì	
Hospital/Clinic	NIL		Class		Class: NIL
			Driving Licence		Date of Expiry: NIL
			Expiry		
Date Treatment	NIL	15 . 5: 1			
No. of Days grant		Date Disch		NIL	
Passenger		Degree of	injury	Serio	JS
Name	FRANCIS TIAN KAI EN	4	ID No.		200454045
132	TO WOOD TEAT TO LET		ID NO.		S9915401B
Related Vehicle	SMA8052M (Car)		Contac	ot No	98519949
	(64.)		Conta	St NO.	900 19949
Hospital/Clinic	NIL		Class	of	Class: NIL
Í			Driving	1	Date of Expiry: NIL
			Licenc	e &	· ·
			Expiry	Date	
	NIL	Date Disch	arge	NIL	
No. of Days grante	ed Medical Leave 05	Degree of	niun	Seriou	ie –

#### Brief Details.

On the above mentioned date and time, I was travelling from tpe towards sle after punggol west flyover, the road is a 4 lane road. I was travelling at lane 4. Suddenly I felt a huge came from the right rear. A class 5 lorry(XE6066K) change lane causes it to collided into my car(SMA8052M).





3 of 3 Report No. T/20191004/7027

#### **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: 04/10/2019 16:19
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp NP168





1 of 3 Report No. T/20191004/7032

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2019 18:46			Vide Report No.:	Station Diary No.:	
Into man(f		arş .			
Name of Informant: REUBEN NG			Address: APT BLK 489 JURONG WEST AVENUE 1 #12-33 SINGAPORE 640489		
ID Type / ID No.: NRIC NO / S9902670G			Contact No.: Home/Office:	Mobile: 90912961	
Nationality: SINGAPORE CITIZEN			Email: exoclesiates@gmail.com		
Sex:         Age:         Date of Birth:           Male         20         26/01/1999			Type of Informant: Witness		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class:	Date of Expiry:	

General Informat	ion of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2019 07:45	Type of Location: Straight Road
Location:				
TAMPINES EXPI	RESSWAY			
Weather: Heavy rain		Road Surface: Wet	R	oad Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	1	raffic Volume: eavy
Type of Collision: Between Moving	Vehicles - Head To S	ide	Ai ar N	nyone conveyed by mbulance: o

Details of V	ehicle involved					
Weinde No.	Tryjee	Make	Note:	@ <b>olo</b> ?	Condition	Notof Passenger
SMA8052M	Car		Toyota		Seriously Damaged	3
XE6066K	Lorry					1

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





2 of 3

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20191004/7032

#### CONTINUATION OF REPORT

Difixer						
Name	JAVAN			ID No	•	NIL
Related Vehicle	SMA8052M (Car)			Conta	ct No.	83895779
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL	· · · · · · · · · · · · · · · · · · ·	Date Disc	harge	NIL	, <del></del>
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	Sligh	

#### Brief Details.

On 4th of October 2019, around 7:45am. I was travelling in my vehicle (SJV3836B) on TPE towards SLE. Just before Jalan Kayu exit, I witness an accident. A class 5 lorry (XE6066K) switched lane to its left and collided into a toyota (SMA8052M). I was stop by Javan because he does not have a camera and he need a witness.





3 of 3 Report No. T/20191004/7032

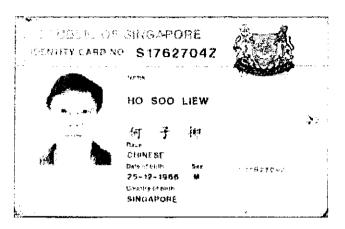
#### **CONTINUATION OF REPORT**

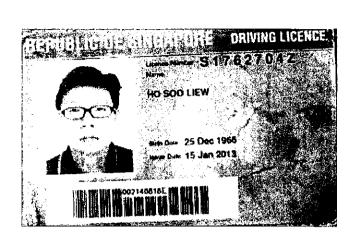
Informant is not able to provide sketch plan

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: 04/10/2019 18:46
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp

NP168







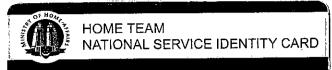
34642 2042

ART BUK 134 CEDON BOLERVOR KUAN ROS-1933 SPINSAPARE NATUSA

er in Stronzenz eine beidenbeite

Production of the second of th WILD ARE MICENSED TO DRIVE VEHICLES IN THE PRODUCTION CLASSIES. \$

class 3 Motes Carano although such a 47 pasterogons, cardinave 11 they 120? et the classic, and other mater solution as 1500kg.



TAN JUN HENG JAVAN

S9822809H

SINGAPORE CIVIL DEFENCE FORCE

THIS IS NOT A WARRANT CARD

Unauthorised possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SPF/SCDF station if found.

Dat . of Birtin 08/07/1998 date of

Date of Enlistment

14/08/2018

Address

BIK 295A COMPASSVALE CRESCI FT #11-209 SINGAPORE 541295



A member of the Thirth Marine Group

@

Tokio Marine Insurance Singapore Ltd. Company Reg. No.: 10730001440; (SST Reg No.: MX-0000023-4) 20 McCeBum Street 209-01 Tokko Marine Centre Segapore 050046 1: (63) 6721 6111 T: (63) 6221 43567 (63) 6224 0895 C; Urb Wtoklomatine.com.og W; www.toklomatine.com



Certificate of Insurance

FORM MX1

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THE D-PARTY RISKS AND COMPENSATION) (ULLS, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

G621

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

Policy No.: MS010688 (Private Car)

Index Mark and Registration Number of Vehicle

SMAROSZM

Chassis No.: MR053HY9305116791

2. Name of Policyholder

Effective date of the Commencement of insurance for the purposes of the Act

HO SOO LIEW 18/09/2019 (17:33:15)

4. Date of Eapley of Incurance

17/09/2020

5. Persons or Class of Persons writted to drive"
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his permission.

(g. Limitations as to use.)

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

The policy does not cover use for him or reward, racing, peco- making, nellability trial, speed-lasting or the carriage of goods (other then semples) in connection with any trade or business or use for any purpose in connection with the Motor Trade,

We havely certify that the Policy to which the Centricine a stood Yearsport Act, 1987 (Malaysia).

ma jefer to the Policy Schaoule for hull d

SHORTANT MOTICE

The Controls is not breakerable. Buring its con-er, it we Controls has been tool pastroyed, you are [Creper 159].

ASSITIONAL INFORMATION

Comprehensive Approved Workshop Plan

Account No; 236800A

murance Plan: Limit for total loss or theft:

Provating Market Value

Policy Excess:

Own Damage Claims Additional Excess for Unnamed

SGD 500,00 SGD 500,00

(Original Exosist SGD 600.00)

Oriver(s)
Additional Excess for Young or Inexperience Driver(s) WindScreen Excess

SGD 3,500.00 SGD 100.00

Financial Interest:

GV CREDIT PTE LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

LQ SERVICES PTE LTD

1808 BENCOOLEN STREET

#08-04 THE BENCOOLEN

SINGAPORE 189648 - (0)

TEL: 6-333-4116 FAX: 6-333-4108

Co. Reg. No: 201227819H

**Authorised Signature** 

# Enquire Vehicle & Owner Information (Vehicle No. XE6066K As At 04 Oct 2019 / 07:40:00)

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: H47 (SMA8052M)

### **Current Owner Details**

Owner ID Type:

Company

Owner ID:

201604768R

Owner Name:

KIONG HUAT LOGISTICS PTE. LTD.

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 28

Registered Street Name:

WOODLANDS INDUSTRIAL PARK E5

Registered Unit No.:

\_

Registered Building Name:

WOODLANDS INDUSTRIAL PARK E

Registered Postal Code:

757803

### Current Vehicle Details

Vehicle No.:

XE6066K

Make Description/Model:

SCANIA / P340CB6X4MHZ

Insurance Company Name:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD



21 Seletar West Farmway 1 Singapore 798125 Tel: 63832661 Fax: 64842836 Reg No.430058/00D

Nº 36241

**DAWN ENTERPRISES** 

RENTAL AGREEMENT

DATE 04 10/2019

HIRER'S PARTICU	LARS		DRIVER'S PARTICULARS				
Name Ho Soo Liew							
			Name				
Address BIK 609 Bedok Reservoir Road			Address				
# 08-6	76						
Singap	ore 470609						
I/C or Passport No.	7627648 Country		I/C or Passport No.	Country			
Occupation	- + + + + + + + + + + + + + + + + + + +		Occupation				
Date of Birth	Age		Date of Birth	Age			
Driving Licence No	Date Pas	ssed	Driving Licence No Date Passed				
Tel: (HP) 9751 7	-872 (Residence	e)	Tel: (Office) (Residence)				
	IMPORTANT NOTES:		CHARGES				
2 This vehicle is licenced to	the driver is below 24yrs old or les carry passenger	s only.	Day at \$ \20.11 per days	00 CA82			
3 Hirer is liable to pay first \$ as excess all claims any accident plus loss of earning while damaged vehicle is under repair.  4 For usage to Malaysia suject to higher excess all claims of \$\$5,000.00 and different rental rate  5 Please notify our office should there be any accident involving this hired vehicle within 24 hrs  6 No refund will be given for vehicle returns early.			Day at \$ per week				
			Day at \$ per mont	th			
7 No refund will be given for							
9 Vehicles to be return during 10 No Service on Public Holid			TOTAL AMOUNT	\$ 840.00			
SCHEDULE		MODEL	AMOUNT PAID	(11,A486)			
SKH 487	27 H 70	yota Altis	BALANCE DUE	\$ 0,000			
Date	Time	Mileage	Days Extension From To				
04/10/2019	4.16pm						
11/10/2019	10-50 am		Amount Deposit (refundable) \$				
FROM	4/10/10	V.	TO (10/10)				
I/we have read and underst above and hereby agreed to	ood the terms and conditions						
and the same same and the same				11.			
		$\wedge$ $\wedge$					
			7	/ \///			
		() (		/ \ / "/			

Driver/Gurantor's Signature

Hirer's Signature



DAWN ENTERPRISES
21 SELETAR WEST FARMWAY 1
SINGAPORE 798125
TEL: 6383 2661 FAX: 6484 2836
REG. NO. 430058/00D

No. 20162

Date, 11 | 10 | 1

3/04/8	being Payment Of SK	the sum of Dollars	Received from	OFFICIAL RECEIPT
	SXH 487 H (4)	GONA VINNUNDO JUNION	VOU LIEU	
DAWN ENTERPRISES	C 4/10/19 - 11/10/19)	01/0		Date, (1)

Cash/Cheque No.