

NATIONAL Assessment Centre Services.

[ver 1 Jan'05] MHA49143089

Date In: 29/10/2015 16:42	Job description	Date & Time Completed	Done by
Ref No: NHA/INC90190817	SAS e-Milling		
Veh No: SMP 65537	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 29/10/2015 07:55	I-Motor Claim Form	MHA/INC90190817	29/10/2015
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SLM580M INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Damage: ()

Other: ()

NA1908172

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) BA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$30	
	9) NI2: Idea Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	29/10/2019 16:42
Date Of Accident	29/10/2019 07:55
Exact Location Of Accident	ALONG CROSS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6553T
Insured/Policyholder	
Name Of Registered Owner	SUNRITA PRIVATE LIMITED
Co Reg No	196800361G
Email Address	Z_GOI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97656119
Alternative Phone No	OFFICE-64811522

Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA 1.5S
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110111062
Cover Note Number	

Driver

Name of Driver	GOI HWEI WEN (NI HUIWEN)
NRIC No	S8007680J
Date Of Birth	12/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97656119
Fax Number	
Contact Number	OFFICE-64811522
EMail Address	Z_GOI@YAHOO.COM.SG

Address	BLK 38C BENDEMEER ROAD #20-584
Postcode	333038
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	SIDE SWIPE
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?	NO
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)	2
Passenger 1	NAME: : ISABELLE GENDER: : FEMALE

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 SKETCH PLAN

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	SLM500M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.

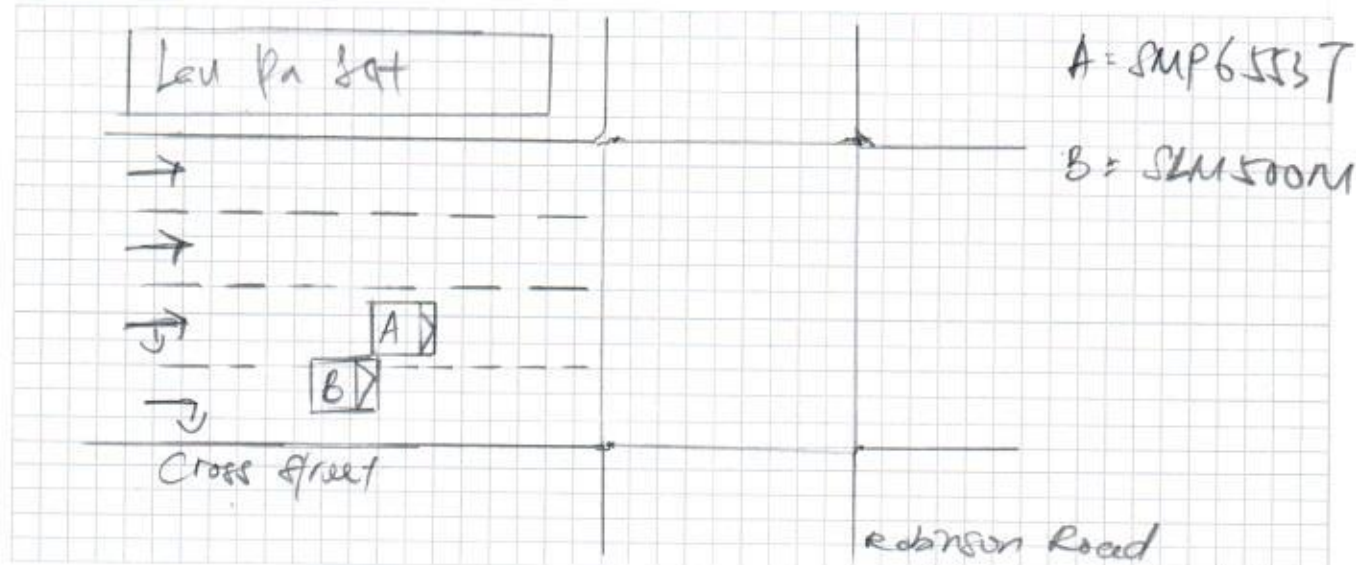


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/10/2019 at about 0755 hrs, I was travelling along Cross Street towards Robinson Road. Suddenly a vehicle (B: SLM 500M) sounded his horn and I saw from the side mirror that his vehicle was very close to my vehicle (A: SMP6553T) and hit onto my vehicle's right rear portion. Nobody injured arise out of the accident.

DECLARATION

I/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's Signature
Name:
NRIC/FIN No.:

Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: Cross Street

Date & Time Of Accident: 29/10/19 @ 07:15 hrs

Purpose when vehicle was used at the time of accident: Grab
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SMP65537

Make / Model: Toyota Agya

Vehicle Category: Private Hired

Claim Own Insurance: YES ☒ NO ☐

If No. Reporting only ☒ Third Party Claim ☐

Name of Preferred Workshop: Optima Workz Pte Ltd

Contact: 6481-1522

Insured / Policy Holder

Name of Registered Owner: Sumatra Pte Ltd

NRIC No.: 196800361G

Address:

Mobile No: 9451-8554

Other Contact: Home / Office no:

Email: ted.tel.ala@gmail.com

Driver

Name of Driver: Goi Hwei Wen

NRIC / Fin No.: S807662J

Driving Licence Pass Date: 07/12/2001

D.O.B: 12/03/1980

Address: Blk 382 Bendemeer Road, #20-854, Singapore 335038

Occupation: INDOOR / ☒ OUTDOOR

Mobile No: 97656118

Gender: MALE / FEMALE

Other Contact: Home / Office no:

Email: z-goi@yahoo.com.sg

Driver an employee: YES ☒ NO ☐ If no, what is the relationship with the policyholder: Hired

If Driver is a policyholder, please ignore this question

Insurance Company

Fleet Policy: YES / NO ☒

Policy number: 511 0111062-00006

Type Of Coverage: drive class 2

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS:

SHARON GOW.SG.

Weather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS:

Road Surface: DRY / WET

Any video captured by car camera? YES / NO ☒

*Any witness?: YES ☒ NO ☐

Any police report made: YES ☒ NO ☐

*Injured party: YES ☒ NO ☐ (if yes, pls provide name & Tel)

No. of Passenger (including Driver): 02

Details of Passenger 1

Name: Isabelle

Gender: Female

Details of Passenger 2

Name:

Gender:

Details of Passenger 3

Name:

Gender:

Details of Passenger 4

Name:

Gender:

Details of Other Vehicle Property 1

Vehicle Registration No: SZM500M

Vehicle Make/Model/Color:

Name Of Driver:

No. of Passenger (including Driver)

NRIC:

Contact Number:

Nature of Damage:

Vehicle Category:

Details of Other Vehicle Property 2

Vehicle Registration No:

Vehicle Make/Model/Color:

Name Of Driver:

No. of Passenger (including Driver)

NRIC:

Contact Number:

Nature of Damage:

Vehicle Category:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1068923

Policy No.	5110111062	Vehicle No.	SMP6553T	GST Registrati
Certificate No.	5110111062-000026			
Policyholder Name	SUNRITA PRIVATE LIMITED			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97656119	Contact No.(Office)	64811522	Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	29/10/2019 17:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/10/2019	Time of Accident hh:mm	07:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CROSS STREET			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date		01/0
GST Registration No.	M200091442	GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	24 LENG KEE ROAD	Address 2	#03-03 LENG KEE AUTOPOINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112131688	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GOI HWEI WEN (NI HUIWEN)	Driver NRIC	S8007680J	Driver DOB
Register Date of Driver License	07/12/2001	Driver Age	39	Driving Exper
Contact No.(Mobile)	97656119	Contact No.(Office)	64811522	Contact No.(Hi
Address 1	BLK 38C #20-854	Address 2	BENDEMEER ROAD	Address 3
Address 4	SINGAPORE 333038	Address Type	Foreign address	Post Code
Unit No.	20-854			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMP6553T	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SUI
Contact No.(Mobile)	96604433	Contact No. (Home)	
Email Address		OI Vehicle Number	SM
Claim Description	SMP6553T / SLM500M ON 29 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.

MT/1068923

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

29/10/2019 17:18

Path *

Choose File

No file chosen

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No file chosen

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No file chosen

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No file chosen

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No file chosen

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No file chosen

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No file chosen

Message Read

Category *

Confider

Clear

Please Select

NO

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NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:18	SAS		Normal	Sr

Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div> <div>Scan and uploading</div>	

VEHICLE RENTAL CONTRACT
NO: TKC/2019051

CONTRACT IS MADE ON THE 08 OCT 2019

Between GOI HWEI WEN (NI HUIWEN)
(NRIC NO. S8007680J)

Having an address at:
BLK 38C BENDEMEER RD
#20-854
SINGAPORE 333038

Hereinafter known as the "HIRER" of one part

And

T KISHEN AND COMPANY
(Registration No. 03828900L)

Having a Correspondence address at:
24 LENG KEE ROAD
#03-02
SINGAPORE 159096

Bank Account No : 689-250181-001
Bank Name : OCBC BANK

Hereinafter known as the "OWNER" of one part

Vehicle Make & Model : 1 & 2) TOYOTA AQUA 1.5S

Chassis No. NHP10-6695712

Hereinafter known as the "VEHICLE" of one part

Signature:



Name:

S8007680J Goi Hwei Wen

NRIC:

S8007680J

Company's Stamp:



1. **TERMS OF RENTAL**

- 1.1 The OWNER will let and the HIRER will take on hire upon the terms and conditions the VEHICLE.
- 1.2 The contract is for a fixed period of **12 months** commencing from this date **08/10/2019**.
- 1.3 For extension of lease/rental term, confirmation for the extension shall be endorsed by HIRER on the annex A subjected to the OWNER's approval and asset availability.

2. **PAYMENT OF RENTAL**

- 2.1 The deposit payable upfront is \$1,500 and rental rate is **\$385** per week inclusive of GST for the 24 months and rental rate. Rental to be paid weekly, every beginning of the month.
- 2.2 The HIRER shall pay the OWNER all charges relating to the rental of the VEHICLE, together with any additional amount that may be due at the end of the rental. Where the HIRER is a company, the HIRER shall be jointly and severally liable with the owners of the business/company.
- 2.3 First reminder will be sent on the 3rd day after due date with no penalty incurred. OWNER will charge a late payment penalty of a daily increment of 5% interest on weekly principal amount in lapse until the full payment of all overdue amounts is collected or letter of demand will be issued.
- 2.4 The HIRER will pay the OWNER on demand; expenses for collection or repossession, including court fees and reasonable attorney's fees, incurred by OWNER in pursuing claims against HIRER.

3. **TERMINATION OF RENTAL**

- 3.1 This Contract shall terminate if the HIRER is in breach of any of his or her obligations under this Contract.
- 3.2 This Contract shall terminate if the HIRER is facing or awaiting bankruptcy proceedings.
- 3.3 Should the HIRER terminate the Contract prematurely, the HIRER will be liable to pay the OWNER the balance of the unused period during the fixed term, including all rentals due and unpaid (including interest) at the date of termination. The interest-free security deposit will be forfeited.
- 3.4 The OWNER reserves the right to terminate the Contract at any time for breach of Clause 5.4 or default under Clause 2. In which case and the interest-free security deposit will be forfeited.
- 3.5 Upon termination of the Contract, the HIRER shall return the VEHICLE and all its accessories, tools and documents as stated in Section 4.

4. **VEHICLE CONDITION AND RETURN**

- 4.1 VEHICLE is delivered to the HIRER in good condition. The HIRER agrees to return the VEHICLE in the same working condition with no unauthorized repair (except ordinary wear and tear) to the OWNER and on the date specified (or sooner, if demanded by OWNER) with the fuel level as per commencement date of rental.
- 4.2 Hirer shall be responsible for warranty and reasonable maintenance & repair only, as per recommended by the manufacture or appointed workshop. Hirer shall also change worn or bald tyres when necessary. HIRER shall be responsible for punctured or cracked tyres due to negligence. HIRER shall also be responsible for suitable tyres pressure and similar, basic maintenance like radiator water/oil level. HIRER shall inform OWNER immediately when vehicle due for servicing/maintenance. Hybrid battery must be properly maintained and in good working condition throughout the leasing period and also when the car is returned at the end of the lease.
- 4.3 HIRER shall not fix any accessories to or modify the VEHICLE in any way without prior written consent of the OWNER and prior to the expiry or termination hereof to remove any approved accessories and to reinstate the VEHICLE to its former conditions at all costs of the HIRER. HIRER shall not remove or deface any label marks or indicia affixed to the VEHICLE.
- 4.4 In the event of accidental damage to the VEHICLE or if the VEHICLE is returned in an unsatisfactory condition, all charges for repair, damage cost, unauthorized servicing and/or restoration works to its original condition will be imposed to the HIRER.
- 4.5 If the VEHICLE is lost/theft due to negligence, accidental total loss or confiscated for illegal acts by government authority during the rental period and while in the possession of the HIRER/Driver, the HIRER shall pay OWNER the full cost of the VEHICLE or the cost of obtaining a replacement vehicle as well as compensation to OWNER for the loss of use of such vehicle for the period required to obtain the replacement vehicle.
- 4.6 The "loss of use" shall be the charges of rental rate as agreed by the HIRER in this agreement.

SUNRITA PRIVATE LIMITED

No.1, North Bridge Road #03-08 High Street Centre Singapore 179094

Tel :+65 6337 4815, +65 6337 5354 | Fax: +65 6336 3428

E-mail: sunrita@singnet.com.sg

Co. Registration No: 196800361G

Dated from 8 OCT 2019 to 8 OCT 2020

Particulars of Authorised Driver

Name : GOI HWEI WEN (NI HUI WEN)
NRIC No : S8007680J
Nationality : SINGAPORE
DOB : 12-03-1980
Address : APT BLK 38 C BENDEMEER ROAD #20-854
Email :
Mobile : 9765 6119

Vehicle Details

Vehicle Number : SMP6553T
Vehicle Make/Model: TOYOTA AQUA 1.5 S
Chassis Number : NHP10-6695712
Engine Number : 1NZR607438
Insurance Policy : 5110111062

Charges Details

Deposit : \$1500
Weekly : \$385



K T Bhojwani
Managing Director

GOI HWEI WEN
GOI *u*

be deemed as inadequate and improper maintenance respectively by the Hirer and therefore liable to damages claim by the Owner.

- c) To pay for all fines and penalties in respect of arising out of the use of the VEHICLE that may be imposed by any authority in relation to traffic offences.
- d) Hirer shall handle all the VEHICLE's that due for servicing.
- e) To constantly check and maintain VEHICLE engine oil and radiator level and to inform OWNER immediately of any malfunction of VEHICLE.
- f) **The Hirer shall not abandon the said vehicle without adequate provisions for safeguarding and security the same time.**
- g) Failure to comply with any term(s) or condition(s) of this vehicle rental contract will render the Hirer liable for all costs, third party claims or lawsuit. The Owner shall not be liable for any cost, claims or lawsuit.

9. ACCEPTANCE OF RENTAL

IN WITNESS WHERE OF the parties hereto having set their respective hands and seals and of the day and year first above written.

Signed by the OWNER
T KISHEN AND COMPANY
 24 LENG KEE ROAD
 #03-02
 SINGAPORE 1590946
 (Registration No. 03828900L)

)
)
)
)
)
)



Signed by the HIRER
GOI HWEI WEN (NI HUIWEN)
 BLK 38 C BENDEMEER ROAD
 #20-854
 SINGAPORE 333038
 (NRIC No. S8007680J)

)
)
)
)
)
)

[Handwritten signature of Goi Hwei Wen]

Signature of Witness
 Name:
 I/C No:
 Address:

)
)
)
)
)

[Handwritten signature of witness]

My Desktop
Notice of Loss

Policy Query

Policy No.
5110111062

Date of Accident
29/10/2019 16:39

Vehicle No.(For Motor)
SMP6553T

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110111062	5110111062-000026	SUNRITA PRIVATE LIMITED	196800361G	GFM	drivo CLASSIC	SMP6553T	SMP6553T	07/10/2019	02/06/2020

Continue