

# NATIONAL Assessment Centre Services

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In 13/12/19         | Job description                          | Date & Time Completed | Done by |
| Ref No NA/MSG19021996/13 | SAS e-filing                             |                       |         |
| Veh No SMN5783M          | E-mail (w/Inn. Slats. ADU 2hrs)          |                       |         |
| D.O.A 11/12/19 1525      | i-Motor Claim Form                       |                       |         |
| 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:                          | Veh No: SLV6274D   | 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%; F: 80-100%] |                       |
| Year of Registration: ( )                | Warranty: YES ( ) / NO ( )                               |                       |
| Excess: (\$ )                            | Loading: \$1,000 ( ) / \$2,000 ( )                       |                       |

**General Remarks:-**

( ) 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. ( )

| Remarks:- (INC hotline: 6788 6616)                      | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

**Injury :** \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| NA1909305                       | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
| Claimant's Particulars :-       | 1) AR : Accident Reporting (\$30);              |                      |                      |
| Driver/Owner:                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |                      |
| Contact No:                     | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
| Damaged Portion:                | 4) FT : Follow-Through Survey \$120             |                      |                      |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| Cat. 1:                         | 6) TR : Re-inspection \$75                      |                      |                      |
| Cat. 2 / 3:                     | 7) NI : Idac DA + SMRT Survey \$160             |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | OD*   |                      |                      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|                                 | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                 | *N7: Post Repair Inspection \$25                |                      |                      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
|                                 | TP (N11) : TP (N-a INC) against INC \$20        |                      |                      |
|                                 | 9) N12: Idac Mobile 30                          |                      |                      |
|                                 | 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             | 13/12/2019 14:31 |
| Date Of Accident           | 11/12/2019 15:25 |
| Exact Location Of Accident | BUKIT TIMAH RD   |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                              |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SMN5783M                     |
| <b>Insured/Policyholder</b> |                              |
| Name Of Registered Owner    | FAVOURITE CAR RENTAL PTE LTD |
| Co Reg No                   | -                            |
| Email Address               | NOEMAIL                      |
| Mobile Phone No             |                              |
| Alternative Phone No        | OFFICE-68424992              |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | SHUTTLE      |
| Exact Purpose for which vehicle was being used at time of accident           | WORK         |
| 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 |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             |                                      |
| Cover Note Number         | 82014167                             |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | LIM HWEE LIN(LIN HUILING) |
| NRIC No              | S8028718F                 |
| Date Of Birth        | 20/09/1980                |
| Occupation           | OUTDOOR                   |
| Date Of Driving Pass | 29/11/2005                |
| Driving Experience   | 14 YEARS AND 0 MONTHS     |
| Gender               | FEMALE                    |
| Mobile Number        | (LOCAL) +65-91820545      |
| Fax Number           |                           |
| Contact Number       |                           |
| Email Address        | NOEMAIL                   |

|   |                               |
|---|-------------------------------|
| Address   | BLK 403 FAJAR ROAD<br>#05-239 |
| Postcode  | 670403                        |
| 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 | -<br>-<br>-                   |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                   |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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)   | 2                                   |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | BUKIT PANJANG  |
| Police Station Address                    | ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-8929999 - FAX NO:                             |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191211/2072

#### Attachment(s)

|   |               |
|---|---------------|
| Are accident photos available for attachment? | YES           |
| Was there any video captured by Car Camera?   | YES           |
| Remarks/ Reasons:                             | WITH WORKSHOP |
| Was there any audio recorded?                 | NO            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |              |
|-----------------------------|--------------|
| Vehicle Registration Number | SLV6274D     |
| Vehicle Make/Model/Colour   |              |
| Details Of Properties       |              |
| Vehicle Category            | PRIVATE CAR  |
| Name of Driver              | WONG PUI PIN |
| NRIC/Passport Number        | S7812923I    |
| Contact Number              | 92392741     |

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                           |
|---|---------------------------|
| Name  | LIM HWEE LIN(LIN HUILING) |
| Approximate Age                                     |                           |
| Injuries Sustain                                    | GIDDINESS, BACK & NECK    |
| Injured person in which vehicle?                    | SMN5783M                  |
| Were seat belts worn?                               | YES                       |
| Was this injured conveyed to hospital by ambulance? | NO                        |
| Address   |                           |
| Postcode  |                           |



## 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:

11/12/19 2:34pm

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

11/12/19 2:34pm

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

8. 954657.10

Topper

BURKE "YOUNG" COLE

P/s refer to the police report: 5/20191211/2072

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

Date &amp; Time:

11/12/19 2:20 PM

GIARD/C Sketch Preference\_33

(If driver is not the policyholder)

Date &amp; Time:

(1) 12/19 2:30 PM

Name:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20191211/2072

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20191211/2072

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                          |                            |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>11/12/2019 13:18 |            | Vide Report No.:             |   | Station Diary No.:<br>59 |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                          |                            |
| Name of Informant:<br>LIM HWEE LIN         |            |                              | Address:<br>APT BLK 403 FAJAR ROAD #05-239 SINGAPORE 670403 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S8028718F   |            |                              | Contact No.:<br>Home/Office: Mobile: 91820454               |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:  |                          |                            |
| Sex:<br>Female                             | Age:<br>39 | Date of Birth:<br>20/09/1980 | Type of Informant:<br>Driver                                |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English  |                          | Institution / School Name: |
| Occupation:<br>PRIVATE HIRER               |            |                              | Driving Licence Information:<br>Class: Date of Expiry:      |                          |                            |

**General Information of the Accident**

|  |                  |                       |   |  |
|--|------------------|-----------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>10/12/2019 15:25 | Type of Location:<br>Straight Road     |
| Location:<br>Along Road 1<br>BUKIT TIMAH ROAD                |                  |                       |   |  |
| Towards City before Hooper Road                              |                  |                       |   |  |
| Weather:<br>Raining  |                  | Road Surface:<br>Wet  |   | Road Speed Limit:                      |
| Traffic Flow:  |                  | Traffic Control:      |   | Traffic Volume:                        |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                       |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make             | Model   | Color  | Condition | No of Passenger |
|-------------|------|------------------|---------|--------|-----------|-----------------|
| SLV6274D    | Car  | MERCEDES<br>BENZ | S350    | Silver |           | 0               |
| SMN5783M    | Car  | HONDA            | SHUTTLE | Black  |           | 1               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191211/2072

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20191211/2072

**CONTINUATION OF REPORT**

|                                   |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| <b>Driver</b>                     |                       |  |                                   |
| Name                              | WONG PUI PIN          | ID No.                                 | S7812923I                         |
| Related Vehicle                   | SLV6274D (Car)        | Contact No.                            | 92392741                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                       |  |                                   |
| Name                              | LIM HWEE LIN          | ID No.                                 | S8028718F                         |
| Related Vehicle                   | SMN5783M (Car)        | Contact No.                            | 91820454                          |
| Hospital/Clinic                   | FAMILY DOCTORS AT 365 | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 10/12/2019            | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 03                    | Degree of Injury                       | NIL                               |

**Brief Details.**

On 10/12/2019 at about 1525hrs, I was driving my car (SMN5783M- Black Honda Shuttle) along Bukit Timah Road towards City. Traffic was stationary as traffic light was red. Thus, I stopped my vehicle. When my car was stationary, out of a sudden, I felt a collision from the back of my car. I then went out of the car and discovered that a car(SLV6274D- Silver S350) had collided onto my car. The passenger who was in my car, did not complained of injuries. I felt giddiness and pain on my neck shoulder and back area at the point of time. I then went to the clinic and was granted three days of MC. There is an in car camera in my car. I have taken photos of the accident.





SINGAPORE  
POLICE FORCE



T/20191211/2072

3 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20191211/2072

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:

J /

Staff Sgt MUHAMMAD FIRDAUS BIN SAHROL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

11/12/2019 13:18

Classification Of Case:

Date of Accident : 11/12/19 Accident Time: 325pm (24-HR-Format)  
 Accident Place : Butit Timah Rd  
 Vehicle No. (Car Plate No.) : JMN 5783m Make/Model: Honda shuttle  
 Insurance Company : MSIG Policy No: \_\_\_\_\_  
 Owner or Company Name /IC No. : favourite car rental Pte Ltd 201831529K  
 Owner or Company Contact No. : 67424992 Owner's Hp 96253612 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Lim Hwee Lin SF028718F  
 DRIVER'S Date Of Birth : 20/9/1980 DRIVER'S License Pass Date 29/11/2005  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver hirer  
 DRIVER'S Address : BLK 403 Fajar Road #05-239  
 DRIVER'S Contact No./ Alt No. : 1) 91220454 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : peijie@expniscar.com.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2 female / 1 passenger (F)  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

|                              |                              |
|------------------------------|------------------------------|
| Vehicle No: <u>SLV6274D</u>  | Vehicle No: _____            |
| Vehicle Make/Model: _____    | Vehicle Make/Model: _____    |
| Name Driver: _____           | Name Driver: _____           |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:

MISS LIN  
working for C1





MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807  
Tel: (65) 6827 7888 Fax: (65) 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## MOTOR INSURANCE COVER NOTE

### Cover Note No. 82014167

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

#### SCHEDULE

Agent No. : 190102  
Name of Insured : Favourite Car Rental Pte Ltd  
Make and Description of Vehicle : HONDA SHUTTLE HYBRID 1.5 A  
Vehicle Registration No. : SMN5783M  
Year of Manufacture : 2018  
Engine No. : LEB7105982  
Chassis No. : GP72004627  
Capacity : 1,496 Cubic Capacity  
Cover Type : Comprehensive  
Sum Insured (SGD) : Market Value  
Period of Insurance : 06/12/2019 to 05/12/2020  
Excess (SGD) : 1,000  
Finance Company : Skyway Credit & Leasing Pte Ltd

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative



Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.  
Authorised Insurers

Amy Ler  
Senior Vice President, Agencies

Date of Issue : 12/12/2019

This Cover Note is valid for 30 days from the date of issue.

Favordrive Car Rental  
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409

Favordrive Car Rental  
82 Geylang Lor 23  
#03-06 Atrix  
Singapore 388409

ziling761250@gmail.com

skyzi7676@gmail.com

### Vehicle Lease Agreement

This **VEHICLE LEASE AGREEMENT** (hereinafter referred to as 'The Agreement' is made on

Between

**Favordrive Car Rental**  
(Business Registration No.: 53356674J)  
Having its office at:  
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409  
Hereinafter referred to as 'The Owner' of the one part

And

**Name: Lim Hwee Lin (Lin Hui Ling)**  
**Nric No: S8028718F**  
Having his residential address at: Blk 403 Fajar Road #05-239  
**S670403**  
**Tel. (Residential) : 91820454**  
**Next of Kin Contact : 93678823 (Mr Sky Husband)**  
Hereinafter also known at the 'The Hirer' of the other part

Additional Driver

**Name: Quek Tian Sze (Guo TianZe)**  
**Nric No: S7612988F**  
Having his residential address at: Same As Hirer  
**Tel. (Residential) : 93678823**  
**Next of Kin Contact :**  
Hereinafter also known as the "Additional Hirer" of the other part

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein: -

#### **VEHICLE AND LEASE PERIOD**

|                                       |
|---------------------------------------|
| Make & Model: Honda Shuttle           |
| Registration No: SMN5783M             |
| Effective from: 19/08/2019-19/08/2020 |
| Period : 12 Months                    |

1. SMN5783M

2. 1JT5T3XA (Accident)

[The Owner's Initial & Stamps]



The Hirer and/or Additional Hirer Initial & Stamps  
19-Aug-2019