

源 摩 哆 廠

# GUAN MOTOR WORKS

Business Regn. No: 081026-00E

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 H/P: 9742 6003

Messrs: LEE KOK SENG

**Invoice No: 5175**

Date : 12-04-2021

HYUNDAI ELANTRA – SKE 1155 Z  
=====

Lump sum repair cost inclusive of spare parts and  
labour charges.

\$ 5,800.00

Dollars Five thousand Eight hundred only.

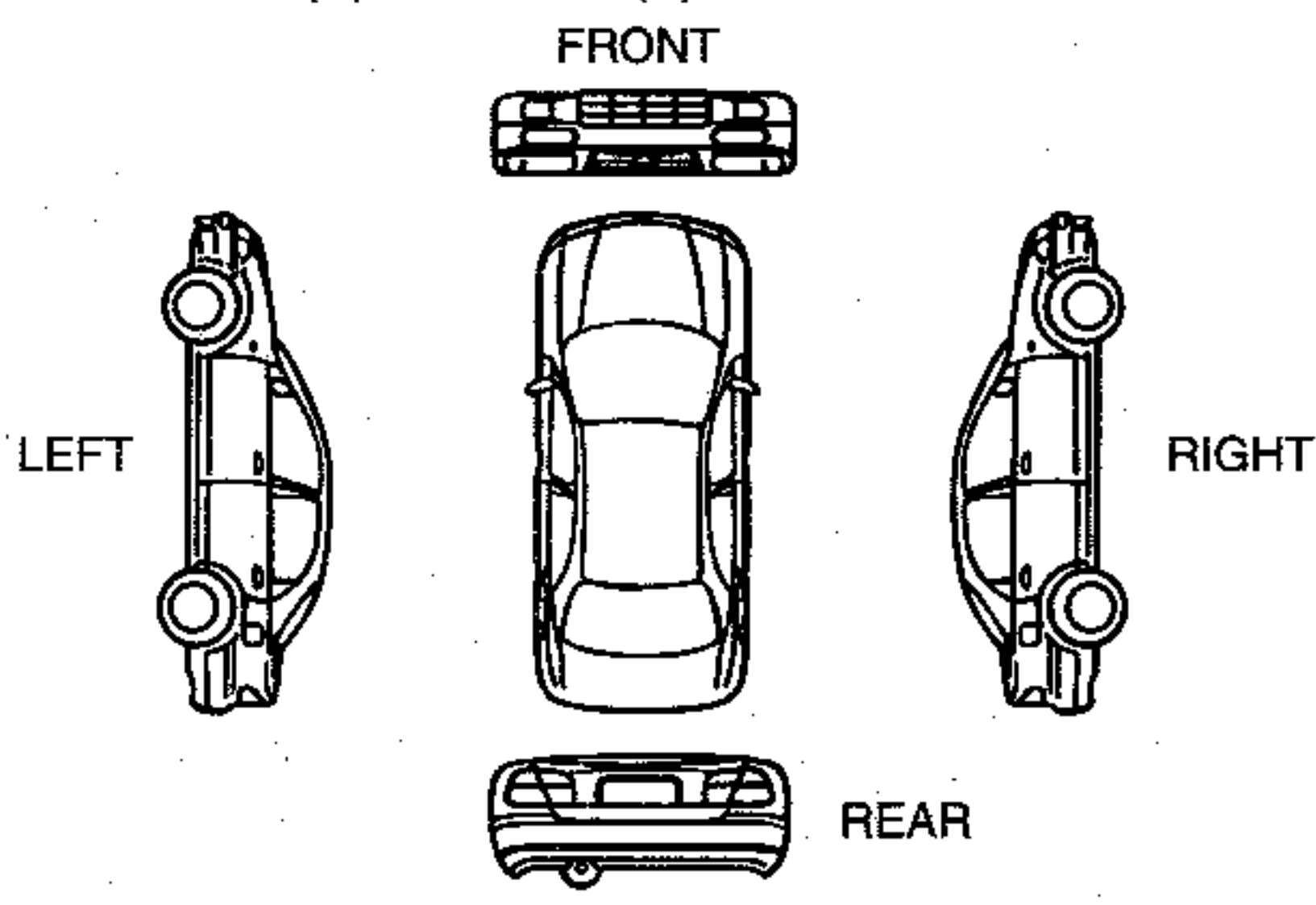
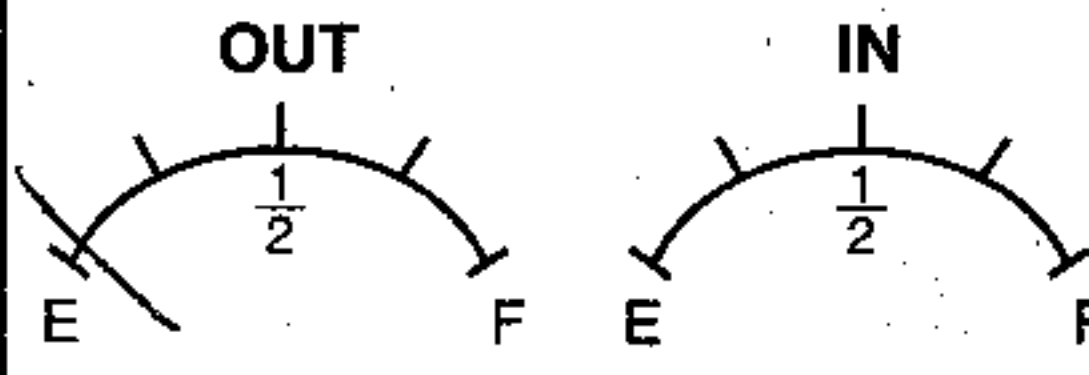
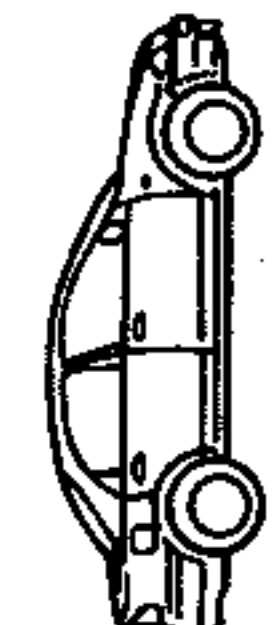

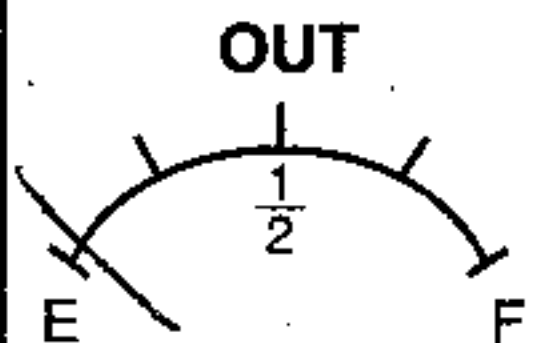
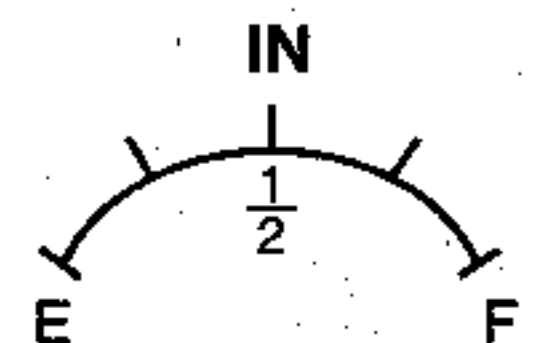
A blue ink signature is written over a circular blue stamp. The stamp contains the text "GUAN MOTOR WORKS" at the top and "SINGAPORE" at the bottom, with Chinese characters in the center.

E.&O.E.



## VEHICLE RENTAL AGREEMENT

NO. 10989


|   |   |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
|---|---|--|---|--|---|--|--|--|---|---|--|---------|------|--|--|----------------------------------|------|------|----|--------|------|--|--|-----|------|--|--|-----|------|--|--|------------------|--|--|--|---------------------|--|------|----|
| <b>HIRER'S PARTICULAR</b><br>Name : (as in I/C) <u>LEE KOK SENG</u><br>NRIC / PASSPORT No : <u>S 7146782-A</u><br>Address (Res) : <u>BLK 684-A WOODLANDS DRIVE 73 #10-215 S'731684</u><br>Name & Address of Employer : _____<br>Occupation : _____ Driving Exp : _____<br>D/L No : <u>S 7146872-A</u> D/L Type : Local/International<br>Pass Date : <u>19-12-2002</u> Date of Birth : <u>30-12-1971</u><br>Tel : (O) _____ (R) _____ HP : <u>9047 8017</u><br>Email : _____   |   | Veh No : <u>SKL 8204 H</u> Replace Veh No : _____<br>Mileage Out : _____ Mileage Out : _____<br>Make & Model <u>TOYOTA</u> Make & Model _____<br>Auto / Manual _____ Auto / Manual _____<br>OUT : Date <u>12/3/2021</u> OUT : Date _____<br>OUT : Time <u>6.30 PM</u> OUT : Time _____   |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| <b>ADDITIONAL DRIVER'S PARTICULARS</b><br>Name : (as in I/C) _____<br>NRIC / PASSPORT No : _____<br>D/L No : _____ D/L Type : Local/International<br>Pass Date : _____ Date of Birth : _____<br>Occupation : _____ Driving Exp : _____  |   | <b>CHARGES</b><br><table border="1"> <tr> <td>Daily</td> <td>12 @ \$ 180</td> <td>2160</td> <td>00</td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>SUB-TOTAL \$</b></td> <td>2160</td> <td>00</td> </tr> </table>                                |   | Daily  | 12 @ \$ 180                                   | 2160                                     | 00   | Weekly   | @ \$  |   |  | Monthly | @ \$ |  |  | Hours                            | @ \$ |      |    | Others | @ \$ |  |  | CDW | @ \$ |  |  | PAI | @ \$ |  |  | Delivery Service |  |  |  | <b>SUB-TOTAL \$</b> |  | 2160 | 00 |
| Daily   | 12 @ \$ 180                                       | 2160   | 00  |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| Weekly  | @ \$  |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| Monthly   | @ \$  |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| Hours   | @ \$  |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| Others  | @ \$  |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| CDW   | @ \$  |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| PAI   | @ \$  |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| Delivery Service  |   |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| <b>SUB-TOTAL \$</b>   |   | 2160   | 00  |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| Refundable Deposit : _____<br>Cash/Nets/Cheque/VISA/MC Cards No : _____<br>(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>FRONT</p>  </div> <div style="text-align: center;"> <p>LEFT</p>  </div> <div style="text-align: center;"> <p>RIGHT</p>  </div> <div style="text-align: center;"> <p>REAR</p>  </div> </div> |   | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>OUT</p>  </div> <div style="text-align: center;"> <p>IN</p>  </div> </div> <table border="1"> <tr> <td colspan="2"><b>EXTENSION</b></td> <td></td> <td></td> </tr> <tr> <td>Collection Service</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Misc.</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>ESTIMATED TOTAL RENTAL \$</b></td> <td>2160</td> <td>00</td> </tr> </table> |   | <b>EXTENSION</b>                             |   |  |  | Collection Service                               |   |   |  | Misc.   |      |  |  | <b>ESTIMATED TOTAL RENTAL \$</b> |      | 2160 | 00 |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| <b>EXTENSION</b>  |   |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| Collection Service  |   |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| Misc.   |   |  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| <b>ESTIMATED TOTAL RENTAL \$</b>  |   | 2160   | 00  |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| <b>ACCESSORIES CHECK</b><br><table border="0"> <tr> <td><input checked="" type="checkbox"/> Ashtray</td> <td><input checked="" type="checkbox"/> Cig Lighter</td> <td><input checked="" type="checkbox"/> S / Tyre</td> </tr> <tr> <td><input checked="" type="checkbox"/> STD Tools</td> <td><input checked="" type="checkbox"/> Jack</td> <td><input checked="" type="checkbox"/> Hub Caps</td> </tr> <tr> <td><input checked="" type="checkbox"/> Radio / Cass</td> <td><input checked="" type="checkbox"/> CD/Cartridges</td> <td><input checked="" type="checkbox"/> S / RIM</td> </tr> </table>   |   | <input checked="" type="checkbox"/> Ashtray  | <input checked="" type="checkbox"/> Cig Lighter | <input checked="" type="checkbox"/> S / Tyre | <input checked="" type="checkbox"/> STD Tools | <input checked="" type="checkbox"/> Jack | <input checked="" type="checkbox"/> Hub Caps | <input checked="" type="checkbox"/> Radio / Cass | <input checked="" type="checkbox"/> CD/Cartridges | <input checked="" type="checkbox"/> S / RIM | Rented out by : _____<br>Hirer is responsible for the first \$ <u>2000</u> excess for collision / damage to first party. (i.e.) RENT & DRIVE PTE. LTD. Vehicle (including windscreen) and also first \$ <u>1500</u> excess for collision / damage to third party's vehicle for each and every accident / damage.<br><b>NO SMOKING, NO ILLEGAL ACTIVITIES</b><br>Hirer's Signature _____<br>Addition Driver's Signature _____ |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| <input checked="" type="checkbox"/> Ashtray   | <input checked="" type="checkbox"/> Cig Lighter   | <input checked="" type="checkbox"/> S / Tyre   |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| <input checked="" type="checkbox"/> STD Tools   | <input checked="" type="checkbox"/> Jack          | <input checked="" type="checkbox"/> Hub Caps   |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |
| <input checked="" type="checkbox"/> Radio / Cass  | <input checked="" type="checkbox"/> CD/Cartridges | <input checked="" type="checkbox"/> S / RIM  |   |  |   |  |  |  |   |   |  |         |      |  |  |                                  |      |      |    |        |      |  |  |     |      |  |  |     |      |  |  |                  |  |  |  |                     |  |      |    |

I/We agreed to the terms and conditions above, overleaf and that all information given in true & correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

### \* IMPORTANT

- ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 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 RENT & DRIVE PTE LTD.
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER :
  - shall report all accidents involving the said vehicle to the Owner immediately.
  - shall take immediate steps to complete and sign Form MAR 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner);
  - shall report to the police within 24 hours from the occurrence, the following types of accidents :-
    - injury case;
    - non-injury case involving a Government vehicle or damage to Government property;
    - non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport No./Name of the driver, Vehicle number, Log card and Vehicle road tax information);
    - non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO RENT & DRIVE PTE. LTD. AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN      | TIME IN    | MILEAGE | CHECKED BY | REMARKS | DEPOSIT REFUND | SIGNATURE OF HIRER/DRIVER   |
|--------------|------------|---------|------------|---------|----------------|---|
| 24-3<br>2021 | 6.15<br>pm |         |            |         |                |  |

above the floor area  
Card with self-  
large eye  
Card with self-  
large eye  
Card with self-  
large eye



~~Blk 15 Sin Ming Industrial Estate Sector A #01-109~~  
~~Singapore 575670 Tel: 6451 4450 Fax: 6451 4402~~  
(Co. Reg. No. 201535359D)

OFFICIAL RECEIPT

No. 10553

Date: 24/03/2021

Received from Lee Kok Seng  
the sum of Dollars Two thousand One hundred & sixty only

Being payment for No: 10989 SKL 8204M 12/03/2021 to 24/03/2021

☒ Cash ☐ Nets ☐ Cheque / Visa / Master  
RENT & DRIVE PTE LTD  
160, Sin Ming Drive  
Sin Ming Autocity #05-10  
Singapore 575722

\$ 112160  $\frac{xx}{xx}$

## Enquire Vehicle's Insurance Particulars

**Enquire Vehicle's Insurance Particulars ( As At 12 Mar 2021 / 17:05:00 )**

### Vehicle Insurance Details

Vehicle No.:

**SJJ21T**

Make Description/Model:

**AUDI / A8L 3.0 TFSI QU TIP (SR, 19")**

Insurance Company Name:

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

Business Transaction Reference No.:

**20210315120353485005**

**Please retain the business transaction reference number for Enquire Vehicle  
Owner Details (if required).**

Save as PDF

OK →

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