

NATIONAL Assessment Centre Services

Date In: 04/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22006352/13	SAS e-filing		
Veh No: SLK 4414M	E-mail (within 8hrs. A/C 2hrs)		
DOA: 02/07/22 1430	i-Motor Claim Form		
OD: (P) 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: SKM 8185Z	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

NA2201836	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments:-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11): TP (Non 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 Submission	04/07/2022 17:17 (SGT)
Reported by	Driver
Date of Accident	02/07/2022 14:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4414M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONESTO LEASING PTE LTD
Company Reg No	2XXXXX843R
Email Address	brianpoon66@hotmail.com
Mobile Phone No	(Phone) +65-84890969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00003712200

DRIVER

Name of Driver	BRIAN POON(PAN JIANLI)
NRIC No	SXXXX833C
Date Of Birth	01/06/1998
Occupation	Outdoor

Date Of Driving Pass	15/08/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96957152
Alt. Phone Number	-
Email Address	brianpoon66@hotmail.com
Address	BLK 250 JURONG EAST ST 24
Address complement	#06-156
Postcode	600250
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220703/7015

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM8185Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKA4724H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMC613L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS**INJURED 1**

Name of injured person	BRIAN POON(PAN JIANLI)
Gender	Male
Phone No	-
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER & LOWER BACK
Injured person in which vehicle?	SLK4414M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



040722
1147

B 040722 1147

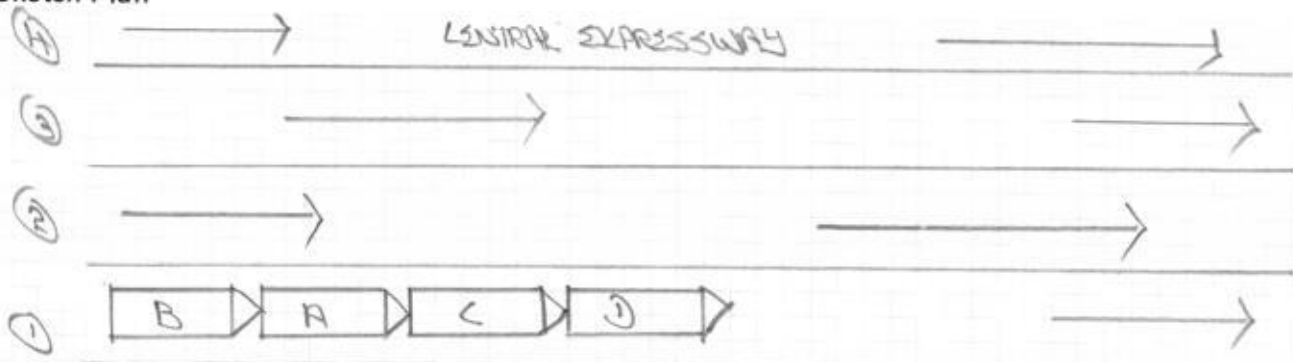
ROSKINDA BINTE A WANAB

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 04/07/22

Sketch Plan



A 8 SK 444 M
B 8 SM 8185 Z
C 8 SIA 4724 H
D 8 SM 613 L

Describe Circumstances of the Accident

Refer to Police Report No 7/20220303/7015

Declaration

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



Policyholder's Signature / Date & Time

BT
040722
1147

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

BT 040722 1147

ROSLINDA BINTE A WANAB
Witnessed by Reporting Centre
Personnel 04/07/22



SINGAPORE POLICE FORCE



T/20220703/7015

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

1 of 3

Report No. T/20220703/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2022 17:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BRIAN POON			Address: 250 JURONG EAST STREET 24 #06-156 SINGAPORE 600250		
ID Type / ID No.: NRIC NO / S9817833C			Contact No.: Home/Office: Mobile: 96957152		
Nationality: SINGAPORE CITIZEN			Email: BRIANPOON66@HOTMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 01/06/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Undergraduate			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2022 14:30	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK4414M	Car					2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220703/7015

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

2 of 3

Report No. T/20220703/7015

CONTINUATION OF REPORT

Driver			
Name	BRIAN POON	ID No.	S9817833C
Related Vehicle	SLK4414M (Car)	Contact No.	96957152
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On the stated date and time, I was driving SLK4414M along CTE(SLE) when the cars in front of mine came to a stop before AMK Ave 3 exit.

I managed to come to a stop in time but moments later, a massive impact slammed into the rear of my vehicle.

The impact was huge and my vehicle was propelled forward into the rear of the vehicle in front.

Then came another impact from the rear resulting in my vehicle hitting the vehicle in front again.

I had knocked my left achilles against the underside of my seat due to the huge impact.

When I alighted, I was surprised to see that there was only 1 vehicle behind mine.

In total, my vehicle was involved in a 4 car chain collision involving:

SMC613L
SKA4724H
SLK4414M
SKM8185Z

where my vehicle was the 3rd vehicle.

After the accident, I started feeling soreness in my neck, shoulders and lower back areas as well.

As such, I proceeded to Unihealth Jurong East to seek treatment and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20220703/7015

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

3 of 3

Report No. T/20220703/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/07/2022 17:45

Classification Of Case:

Date of Accident : 02/07/2022		Time of Accident : 11:30 HRS	
Exact Location of Accident : CENTRAL EXPRESSWAY			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Wet / Dry	
Private Use / Work			
Owner's Name : CHEN SIA LORIAN P23 P23		NRIC : 201814833 R	HP : 8489 0969
Driver's Name : BRUNO POON		NRIC : 59817833 L	HP : 9695 7152
DOB : 01/06/1998	Driving Licence Passing Date : 15/08/2017		Occupation : Indoor / Outdoor
Address : 51K 250 JURONG 20ST STREET 24 #06-156 SINGAPORE 61250			
Relationship Of Driver with Insured : DRIVER		Email : JENNIFER14325@gmail.com	
Vehicle Number : 51K 444 M		Make & Model : MAZDA 3 4-DOOR SEDAN 1.5 L SP. 2017	
Insurance Company : CHINA TRIPINS		Policy Num : 0005712200	Coverage : COMPREHENSIVE
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A : 51K 444 M B : C : D :			
Vehicle A Passenger Name : 2 PASSENGERS (1 MALE / 1 FEMALE)			
Anyone Injured :			
<input type="radio"/> NO		<input checked="" type="radio"/> YES Name / NRIC / Which Vehicle : BRUNO POON 59817833 L 51K 444 M	
Was The Accident Reported To The Police ?			
<input type="radio"/> NO		<input checked="" type="radio"/> YES Which Police Station : TRAFFIC POLICE	
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input checked="" type="radio"/> NO <input type="radio"/> YES			

Third Party's Particular

Vehicle B 's Number : SKM 8185 Z		Make & Model :	
Driver's Name : HARSHAL ARJUN CHANDRAN		NRIC : 59817790 F	HP :
Vehicle C 's Number : SKA 4724 H		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness 's Particular

Name :	NRIC :	HP :
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Vehicle B 's Number : SKM 613 Z
TAN JEE PECK

57345028-3

Motor Hire Car

MZ406L/B

N SN

AN0695A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00003712200

Engine No.: P520421464

Cha. No.: JM6BN22A8H0136012

1. Index Mark and Registration
Number of Vehicle

SLK44 14M

AUTOSAFE

2. Name of Policy Holder

ONESTO LEASING PTE LTD

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment

22/02/2022
(00:00:00)

Excess Sect. I
Excess Sect. I (Outside Singapore) S\$4,000.00

4. Date of Expiry of Insurance

21/02/2023

Excess Sect. II
Excess Sect. II (Outside Singapore) S\$3,000.00
EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: TECK WEI CREDIT PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Tan Xin Yi Josephine
Authorised Officer


Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

ONESTO

LEASING PTE. LTD.

ONESTO LEASING PTE LTD

UEN NO: 201814843R
ADDRESS: 210 TURF CLUB ROAD LOT A10
THE GRANDSTAND SINGAPORE 287995
EMAIL: onestoleasing@gmail.com / joshonesto@gmail.com

LEASE AGREEMENT NO. SLK4414M
CDWS35/WEEK

DATE:19/5/2022

Schedule

This is a Rental Agreement made between us, **ONESTO CAR LEASING PTE LTD** (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 210 Turf Club Road Lot A10 The Grandstand Car Mall Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : BRIAN POON
NRIC/PASSPORT/RC/RB NO. : S9817833C
DATE OF BIRTH : 01/06/1998
ADDRESS : BLK 250 JURONG EAST STREET 24 #06-156 S600250
TELEPHONE : 96957152
EMAIL : BRIANPOON66@HOTMAIL.COM
NAME OF DRIVER(S) (IN FULL) :
NRIC/PASSPORT NO. :
DATE OF BIRTH :
TELEPHONE :
ADDRESS :

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SLK4414M
MAKE / MODEL : MAZDA 3
COLOUR : GREY
ENGINE NO. : AS PER LOGCARD
CHASSIS NO. : AS PER LOGCARD
TYPE : PASSENGER / COMMERCIAL*
(*delete where inapplicable)
Date, Time and Mileage for Collection: 19/05/22(date)12PM (time) _____ (mileage)
Date, Time and Mileage for Return: _____ (date) _____ (time) _____ (mileage)
Petrol Out : Empty / ¼ tank / ½ tank / ¾ tank / Full*
(Vehicle must be returned with same level of petrol)

2. PERIOD OF LEASE ("LEASE PERIOD")

Daily/Weekly/Monthly/Yearly* Basis
From 19/05/2022 ("Commencement Date") to 18/08/2022 ("End Date")

* delete where not applicable

3. LEASE CHARGES

Amount S\$385 per day/week/month/year* inclusive of Goods and Services Tax ("GST") (collectively, "Lease Charges") payable in advance on the THURSDAY of each week* ("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.



* delete where not applicable

4. **DEPOSIT**

Amount: S\$ 500 (exclusive of GST)

5. **INSURANCE, ROAD TAX AND MAINTENANCE**

The Company will be responsible for the road tax, maintenance and servicing of the Vehicle.
You agree to pay the sum of S\$ _____ on Commencement Date for the Company to arrange the following insurance coverage for the Vehicle. The full details of the insurance policy will be provided to you and you undertake to strictly comply with the terms and conditions of the insurance policy.

Excess Amount : S\$800 (per accident per claim) in Singapore
Insurance Coverage : Third Party Injury and Death Only /
Third Party Injury, Death and Damage Only /
Comprehensive Insurance Policy /
Others \$ 800 (specify)*

Coverage Amount : S\$ _____ (specify)

* delete where not applicable

6. **PURPOSE OF USE**

Personal social domestic use / others*

If others, please specify : PHV

* delete where not applicable

7. **EARLY TERMINATION**

You shall be liable to the Company for early termination as provided under the Terms and Conditions annexed hereto. Lease to own for a period of 72 months which the car ownership will be transfer by the end of the contract terms with no outstanding.

8. **PAYMENT**

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer



Name: BRIAN POON

Signed for and on behalf of
ONESTO CAR LEASING PTE LTD



NAME: JOSHUG CHEONG
Designation: Manager