

To: **India International Insurance Pte Ltd**
64 Cecil Street #04/#05
IOB Building
Singapore 049711

Attn: **Motor Claims Department**

Date: 1st September 2022

Dear Sir/Madam,

Claimant: **Shie Ming Khang**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 09/07/2022 at along Clementi Avenue 6, near Blk 304 involving our client's vehicle registration number SKP 8836 M and vehicle registration number SJL 8285 K driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1) Vehicle Repair Costs	\$8,700.00
2) Loss of Rental (SGD\$120.00 x 16Days)	\$1,920.00
3) LTA Search Fee	\$7.45
4) Purchase of GIA Report	\$31.00
5) Towing Fee	\$120.00

Total : **\$10,778.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement
- LTA Search Fee Receipt
- Purchase of GIA Report Receipt
- Towing Chit

Please send us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice.

Yours faithfully,

Elin Cai

Zoom Autowerks Pte Ltd
130 Bedok Reservoir Road, Eunos Spring
#08-1339 Singapore 470130
Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

PROFORMA INVOICE

To: **India International Insurance Pte Ltd**
64 Cecil Street #04/#05
IOB Building
Singapore 049711

PF No. : ZP0000686
Date : 1/9/2022
VRN : SKP 8836 M
Make & Model : Toyota Altis
DOA : 9/7/2022
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			8,700.00
2	Loss of Rental (SGD\$120.00 x 16Days)			1,920.00
3	LTA Search			7.45
4	Purchase of GIA report			31.00
5	Towing Fee			120.00

TOTAL : **\$10,778.45**

All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD** "

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

(by Zoom Autowerks Pte Ltd)

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	13/07/2022 08:24 (SGT)
Reported by	Both
Date of Accident	09/07/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8836M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHIE MING KHANG
NRIC No	SXXXX334C
Email Address	MKSHIE@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-90187867
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 300471697 QMX

DRIVER

Name of Driver	SHIE MING KHANG
NRIC No	SXXXX334C
Date Of Birth	26/06/1978
Occupation	Indoor

Date Of Driving Pass	22/06/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90187867
Alt. Phone Number	-
Email Address	MKSHIE@SINGNET.COM.SG
Address	19 ENG KONG CRESCENT
Address complement	-
Postcode	S599414
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	SHIE CHOON KWAI @ HSU CHOON KWAI
Gender	Male

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

PLEASE REFEE POLICE REPORT : T/20220710/7023

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	SJL8285K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PRIVATE AMBULANCE
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHIE CHOON KWAI @ HSU CHOON KWAI
Gender	Male
Phone No	(Phone) +65-97969467
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKP8836M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.

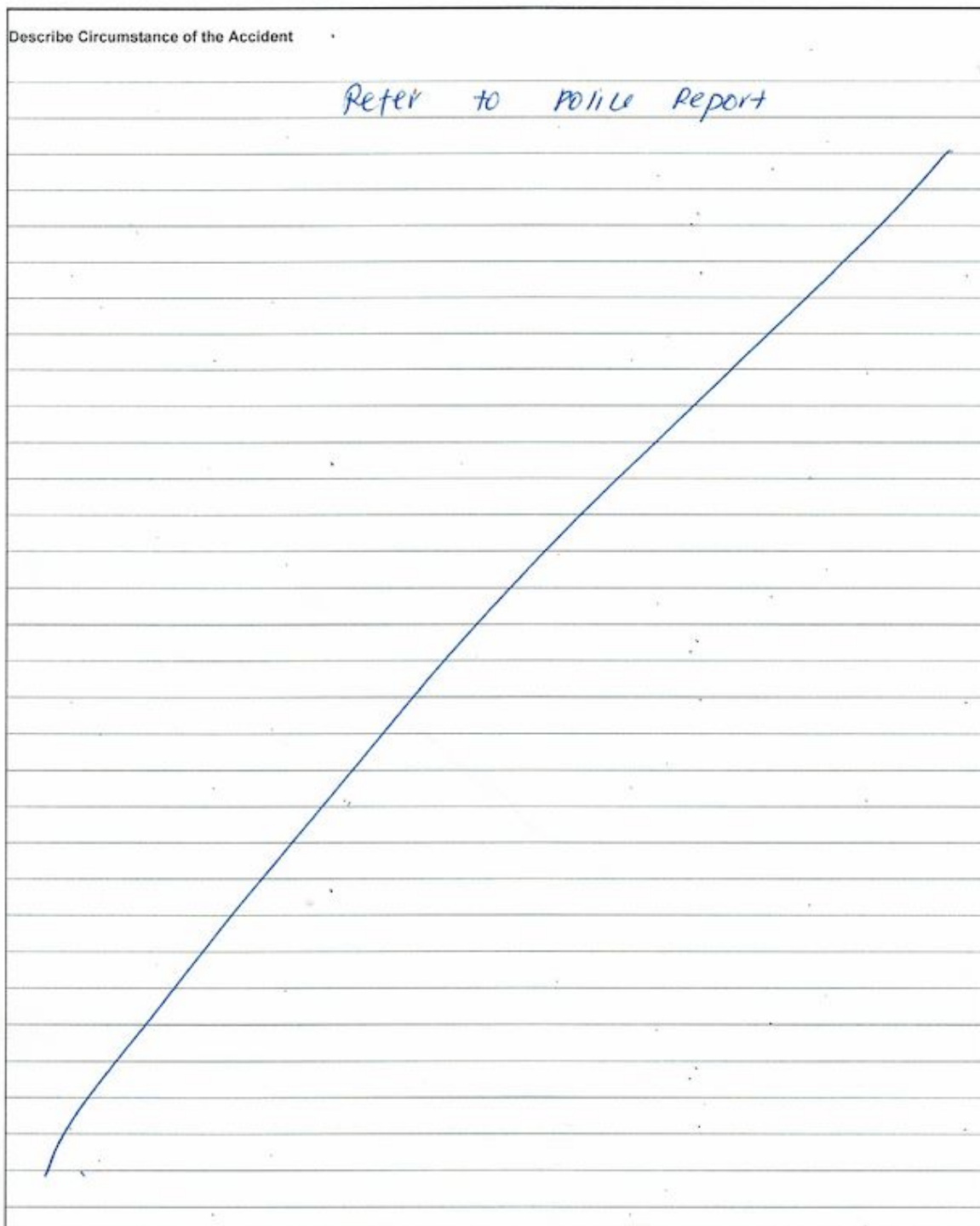
 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	Grace Ng Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report



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

Grace Ng

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





















**SINGAPORE
POLICE FORCE**



T/20220710/7023

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

1 of 4
Report No. T/20220710/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2022 16:23	Vide Report No.: D/20220709/0067	Station Diary No.:
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Informant's Particulars

Name of Informant: SHIE MING KHANG	Address: 19 ENG KONG CRESCENT SINGAPORE 599414		
ID Type / ID No.: NRIC NO / S7817334C	Contact No.: Home/Office: Mobile: 90187867		
Nationality: SINGAPORE CITIZEN	Email: mkshie@singnet.com.sg		
Sex: Male	Age: 44	Date of Birth: 26/06/1978	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation:	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2022 12:00	Type of Location: Straight Road
Location: CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL8285K	Van				Seriously Damaged	2
SKP8836M	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220710/7023

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

2 of 4

Report No. T/20220710/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP8836M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300471697	26/09/2021	25/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SHIE CHOON KWAI @ HSU CHOON KWAI		ID No.	S0878321G
Related Vehicle	SKP8836M (Car)		Contact No.	97969467
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/07/2022		Date	09/07/2022
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	SHIE MING KHANG		ID No.	S7817334C
Related Vehicle	SKP8836M (Car)		Contact No.	90187867
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/07/2022		Date	10/07/2022
No. of Days granted Medical Leave		02	Degree of	Slight

Brief Details.

ON 09/07/2022 AT ABOUT 12PM, I WAS DRIVING MY VEHICLE - SKP8836M, WITH MY DAD IN MY VEHICLE ALONG CLEMENTI AVENUE 6. AT THE SLIP ROAD TO COMMONWEALTH AVENUE WEST, NEAR BLK 304, THERE WERE 2 LORRY CARRYING OUT SOME ROAD WORKS/PRUNING. ONE OF THE LORRY ATTEMPTED TO MOVE OFF. I SLOWED DOWN MY VEHICLE AND SUDDENLY I FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. WHEN I ALIGHTED, I THEN REALISED THAT I WAS REAR-ENDED BY VEHICLE NUMBER - SJL8285K. AS IT WAS A PRIVATE AMBULANCE, THE PATIENT AND DRIVER WERE TAKEN TO THE HOSPITAL RESPECTIVELY AND SUBSEQUENTLY, MY DAD WAS CONVEYED TO NUH BY ANOTHER AMBULANCE.

I WISH TO STATE THAT I WAS TRAVELLING STRAIGHT ALONG THE RIGHT LANE OF THE SLIP ROAD. I HAVE THEN SOUGHT FOR MEDICAL ATTENTION AS WELL AT WEE HEALTHFIRST MEDICAL CLINIC AND WAS GIVEN 2DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20220710/7023

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

3 of 4

Report No. T/20220710/7023

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220710/7023

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

4 of 4

Report No. T/20220710/7023

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 /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

NP168

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

Date/Time:
10/07/2022 16:23

Classification Of Case:

**LETTER OF AUTHORIZATION**

Accident on 09/07/2022 @ 12:00 along Clementi Ave 6, near BIK 304.
Involving vehicles SKP8836M and SJL8285K.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SKP8836M at my request, I/We, Shie Ming Kheng ("the claimant") of 19 Eng Kong Crescent S(599414) (address) bearing NRIC No S7817334C the owner of motor vehicle no SKP8836M hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 09 day of 07 (month) 20 22 (year)

Signed by "the claimant"

Name: Shie Ming Kheng

NRIC No: S7817334C



Signed by Zoom Autowerks Pte Ltd

Name: Lin Cai

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Jul 2022 / 11:43:19

Receipt Date/Time : 11 Jul 2022 / 11:43:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220711-000498

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJL8285K				
As at 09 Jul 2022/12:00:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SJL8285K Enquiry Fee 20220711114205140764	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
526471XXXXXX0962		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 21/07/2022

Your Ref No: SKP8836M

Dear Sir/Madam,

Date of Accident: 09/07/2022 00:00 (SGT)

Vehicle No: SKP8836M

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SJL8285K	Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



AUTOW Recovery Services

Hotline: +65 9392 4545

Email: info.autow@gmail.com

8 Kaki Bukit Avenue 4, #08-41 Premier @ Kaki Bukit, Singapore 415875
ROC: 53347242C

CASH ORDER / WORK ORDER

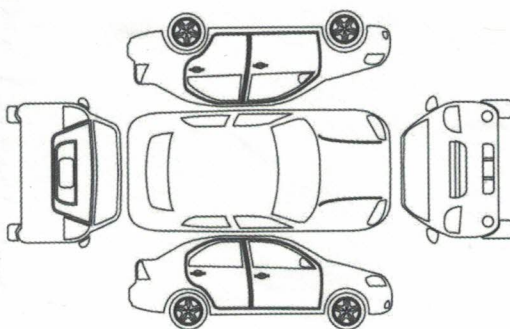
No. A 14104

Service Date: <u>9/7/12</u>	Time Received: <u>1230</u>
Member Name: <u>Cash</u>	Time Arrived: <u>1330</u>
NRIC No.: _____	Time Completed: <u>1530</u>
Contact No.: <u>9450 7920</u>	From: <u>Clementi Ave 6</u>
Car Reg No.: <u>SKP 8836 M</u>	To: <u>#01-53 Bartley Biz Centre</u>
Car Make/Model: <u>Audi</u>	Tow Truck No.: <u>YN62307</u>
Remarks: _____	Amount: <u>\$120</u>
	<u>Cash</u> / Credit

ADDITIONAL CHARGES:

- ☐ Dolly Wheels / Flat Bed
- ☐ Basement / Multi Storey
- ☐ Crane up / Bogged
- ☐ Causeway / Second Link
- ☐ Low Body Kit
- ☐ Collection of Key
- ☐ ERP / Carpark _____

BODY & PAINT CONDITION:



[Signature]
Tow Diver's Name & Signature

Member's Name & Signature

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehicle / asset whilst being towed.

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2208100

Date: 11-08-22

Bill To:

Zoom Autowerks
For the account of:
Shie Ming Khang
S7817334C
19 Eng Kong Crescent
599414

Ship To:

Zoom Autowerks
For the account of:
Shie Ming Khang
S7817334C
19 Eng Kong Crescent
599414

1

Description	Amount	Job No.
Vehicle Rental for Period 09.07.2022 to 25.07.2022 (Billing for days 16 X \$120.00/per day) (Vehicle No.: SKP8836M)	\$1,920.00	SJS1930R SR

Your Order #: 20388

		Terms: Net 30th after	GST:	\$125.61
COMMENT	CODE	RATE	GST SALE AMOUNT	Total Inv Amt:
	SR	7%	\$125.61 \$1,794.39	Amount Applied:
				Balance Due:
				\$1,920.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

Website: www.carsforrent2016.com

No: 20388

zoom

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

SK P8836 M.

HIRER'S PARTICULAR

Name: (as in I/C) Shie Ming xiang

Email: _____

NRIC/PASSPORT No: S7817334C

Date of Birth: 26/6/1978

Address (Res): 19 Eng kang (rescent: S7817334C)

Driving Licence No: S7817334C D/L Type: Local / International

Issue Date: 28 Jun 2010

Tel: (O) _____ HP 901878867

Company Name: _____

Company UEN: _____

Company Address: _____

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____

NRIC/PASSPORT No: _____

Date of Birth: _____

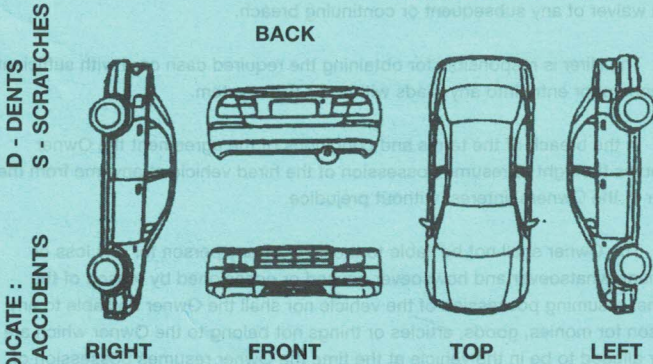
Address (Res): _____

Driving Licence No: _____ D/L Type: Local / International

Issue Date: _____

Tel: (O) _____ HP _____

VEHICLE CHECK LIST



Vehicle No: SJS1930R Replace Veh No: _____

Mileage out: _____

Make & Model: TOYOTA ALTIS Auto / Manual

OUT : Date 9/07/2022 Time: 1:30pm

HIRE PERIOD

OWN DAMAGE CLAIM Excess S\$ 2,000

THIRD PARTY CLAIM Excess S\$ 1,500

CHARGES

Daily 16 @ \$ 120.00 per day 1,920.00

Weekly @ \$ _____ per week

Monthly @ \$ _____ per month

Others @ \$ _____

Delivery Service _____

GST _____

SUB-TOTAL \$

PETROL LEVEL

Out	E	<u>1/4</u>	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	

EXTENSION

Misc. _____

GST Ind 790.

TOTAL CHARGES 1,920.00

Rented out by : _____

Hirer's Signature

Addition Driver's Signature _____

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) 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	HIRER'S SIGNATURE
<u>25/07</u>					