

To: **Allianz Insurance Singapore Pte. Ltd.**  
12 Marina View #14-01  
Asia Square Tower 2  
Singapore 018961

Attn: **Motor Claims Department**

Date: 29<sup>th</sup> November 2022

Dear Sir/Madam,

Claimant: **Charlene Ong Ling Xuan**

**“WITHOUT PREJUDICE”**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 30/08/2022 at along 15 Pasir Ris Way involving our client’s vehicle registration number SLX 5363 B and vehicle registration number XE 4071 H 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	\$5,600.00
2) Loss of Rental (SGD\$120.00 x 13Days)	\$1,560.00
3) Insurance Search Fee	\$2.00
4) Purchase of GIA Report	\$31.00

**Total :** **\$7,193.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- Insurance Search Fee Receipt
- Purchase of GIA Report Receipt

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  
#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: **Allianz Insurance Singapore Pte Ltd**  
12 Marina View #14-01  
Asia Square Tower 2  
Singapore 018961

PF No. : ZP0000715  
Date : 29/11/2022  
VRN : SLX 5363 B  
Make & Model : Kia Cerato  
DOA : 30/8/2022  
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			5,600.00
2	Loss of Use (SGD\$80.00 x 14Days)			1,560.00
3	Insurance Search Fee			2.00
4	Purchase of GIA Report			31.00

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**TOTAL :** **\$7,193.00**

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

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

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(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 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 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 .....	31/08/2022 17:15 (SGT)
Reported by .....	Both
Date of Accident .....	30/08/2022 15:40 (SGT)
Exact Location of Accident .....	15 Pasir Ris Way, Singapore 518531
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLX5363B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHARLENE ONG LING XUAN
NRIC No .....	SXXXX634H
Email Address .....	CHARLENEONGLX@GMAIL.COM
Mobile Phone No .....	(Phone) +65-83221383
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 .....	HL Assurance Pte Ltd
Policy Number / Cover Note Number .....	MP312237

### DRIVER

Name of Driver .....	CHARLENE ONG LING XUAN
NRIC No .....	SXXXX634H
Date Of Birth .....	22/12/1977
Occupation .....	Indoor

Date Of Driving Pass .....	23/09/1996
Driving experience .....	25 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83221383
Alt. Phone Number .....	-
Email Address .....	CHARLENEONGLX@GMAIL.COM
Address .....	440A FERNSVALE LINK
Address complement .....	19-179
Postcode .....	791440
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	DRIZZLE
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

#### 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 .....	XE4071H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MR BOON
Contact Number .....	(Phone) +65-91143800

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 3

### WITNESS DETAILS

WITNESS 1

Name ..... KOH SIAN HUA  
Phone ..... (Phone) +65-96475830  
Email ..... -

**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.

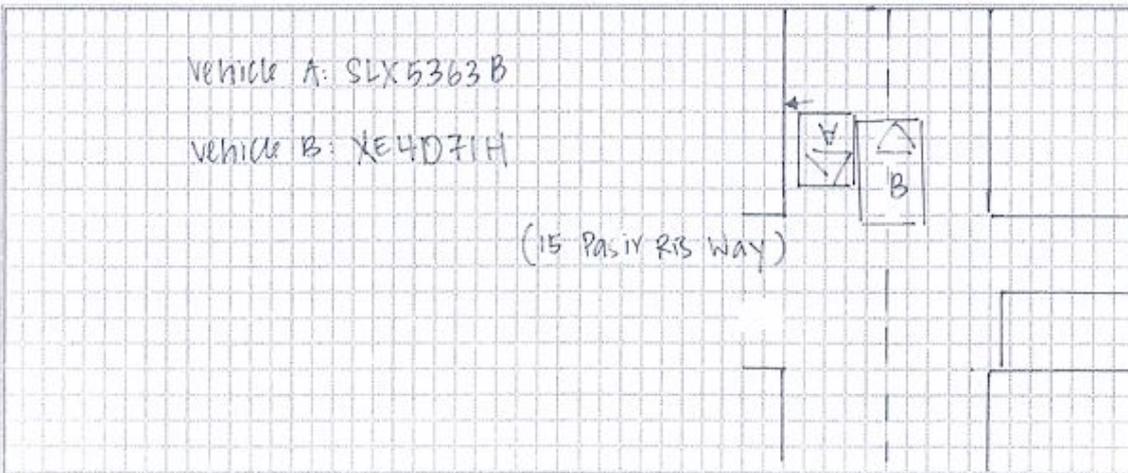
Policyholder's Signature / Date & Time

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



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

**Sketch Plan**

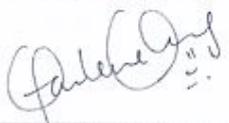


Describe Circumstance of the Accident

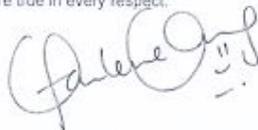
On the stated date & time, I had parked my vehicle outside 15 Pasir Ris Way. I was informed by a parent that my vehicle had been hit by a garbage truck. When I went to my vehicle, I then realised that my vehicle's rear left portion and rear right rim were damaged as a result of the accident.

Declaration

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



Policyholder's Signature / Date & Time



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



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



KIA MOTORS CORPORATION

KNAFX411MJ5761691

기아자동차 (주)	모장	외장	
TRASM	AXLE	PAINT	TRIM
F	B4U	WK	
정비부호	형식	승인	번호
S.V.C	APPD	MODEL	NO
		1-	2-
		kg	kg
		kg	kg
		kg	kg

형식 승인년월일

MODEL APPD DATE

















### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form	X1		
CERTIFICATE NUMBER	: MP312237		
Type of Coverage	: Comprehensive	Own Damage Excess	: SGD600.00
Sum Insured	: <b>Market Value</b>	Windscreen Excess	: SGD100.00
1. Index Mark and Registration Number of Vehicle	SLX5363B		
Chassis Number of Vehicle	KNAFX411MJ5761691		
2. Name of Policyholder	CHARLENE ONG, LING XUAN		
3. Effective date of the Commencement of Insurance for the purposes of the Act	29 Mar 2022		
4. Date of Expiry of Insurance	28 Mar 2023		
5. Persons or Classes of Persons entitled to drive*			
01. CHARLENE ONG, LING XUAN	02. CHIN, WEE MIN		
03. N/A	04. N/A		
05. N/A	06. N/A		
(b)	Any other person who is driving on the Policyholder's order or with his/her permission.		
*Provided that the person driving is permitted in accordance with the licensing or other laws or 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*	Use only for social domestic and pleasure purposes and for the Policyholder's business or profession. The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
*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.			
Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.			
This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).			
Hire Purchase Company	: <b>Standard Chartered Bank (Singapore) Limited</b>		

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) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.

Authorized Signature

Issue on: 10 Mar 2022



**LETTER OF AUTHORIZATION**

Accident on 30/08/2022 @ 15:40 along 15 Pasir Ris Way  
Involving vehicles SLX5363B and XE4071H

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLX5363B at my request, I/We, Charlene Ong Ling Xuan ("the claimant") of 440A Fernvale Link #19-179 S(791440) (address) bearing NRIC No S7737634H the owner of motor vehicle no SLX5363B, 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 30 day of 08 (month) 20 22 (year)

Signed by "the claimant"

Name: Charlene Ong Ling Xuan

NRIC No: S7737634H



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai

INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

Date of Accident

## % RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **Allianz Insurance Singapore P...**

Period of Insurance ..... **01/07/2022 - 30/06/2023**

Requested By ..... **Elin Cai (Zoom Autowerks Pte ...**

Requested Date ..... **30/08/2022 21:51**

### Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

### General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



RECORD MANAGEMENT CENTRE

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

9 Temasek Boulevard, Suntec City Tower Two #42-01B  
Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 01/09/2022

Your Ref No: SLX5363B

Dear Sir/Madam,

Date of Accident: 30/08/2022 00:00 (SGT)

Vehicle No: SLX5363B

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 (\$)	QTY	AMOUNT (\$)
<b>XE4071H</b>	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.



**Zoom Car Leasing**  
Registration No.: 5339410M  
e-mail : zoomcarleasing@gmail.com

**Zoom Autowerks Pte Ltd**  
Tel: 9450 7920

**RENTAL INVOICE**

Invoice No. : **INV0000731**  
Date : 13/9/2022  
Ref : SKP 1847 C  
Your Ref : SLX 5363 B  
Terms : 30Days

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SKP 1847 C (03/09/2022 to 10/09/2022)	<b>\$120.00</b>	7 Days	<b>\$840.00</b>

C/O Charlene Ong Ling Xuan  
Contact: 8322 1383

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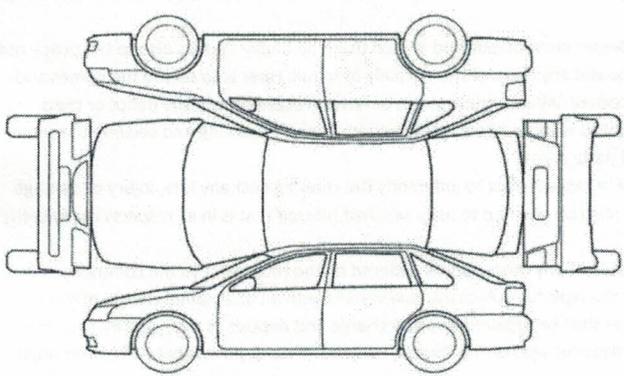
**Total : \$840.00**

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\_\_\_\_\_  
(Customer's Signature/Stamp)

  
\_\_\_\_\_  
(For Zoom Car Leasing)

## RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL																					
Name:	Charlene Ong Ling Xuan	Vehicle No.:	SKP1847C																				
NRIC/Passport No.:	87737634H	Vehicle Make/Model:	Mazda 6																				
Address:		Date/Time Out:	03/09/2022.																				
		Date/Time In:	10/09/2022.																				
Tel:	8322 1303	<table border="1"> <tr> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> </tr> <tr> <td colspan="5">OUT</td> <td colspan="5">IN</td> </tr> </table>		E	¼	½	¾	F	E	¼	½	¾	F	OUT					IN				
E	¼	½	¾	F	E	¼	½	¾	F														
OUT					IN																		
Driving License No./Exp.:		Mileage:	Mileage:																				
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES																					
Name:		Hours @	per hour																				
NRIC/Passport No.:		7 Days @ \$120	per day \$840																				
Address:		Weeks @	per week																				
		Months @	per month																				
Tel:		Other Charges																					
Driving License No./Exp.:		Petrol Top-Up																					
(A) - Accident (D) - Dent (S) - Scratch		Sub-total																					
		<b>TOTAL CHARGES</b>	\$840																				
		PRE-PAYMENT																					
		Downpayment and Deposit																					
		Amount Refunded Due																					
I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.																							
		 Hirer's Signature / Date																					
		 Owner's Signature / Date																					
PHYSICAL DAMAGE EXCESS		ACKNOWLEDGEMENT																					
Singapore - Own Damage	S\$2,000.00																						
Singapore - 3rd Party	S\$2,000.00																						
Malaysia*	S\$8,000.00																						
For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age	S\$3,000.00 (Additional)																						
IMPORT NOTE:																							
1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE 2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Car Leasing 3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling) is strictly prohibited. 4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.																							





# 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: 20647

SLX5363B

ROC/GST No: 201609732N

## VEHICLE RENTAL AGREEMENT

ZOOM

<b>HIRER'S PARTICULAR</b>		Vehicle No: <u>SLZ 5A7U</u> Replace Veh No: _____	
Name: (as in I/C) <u>Charlene Ong Ling Xuan</u>		Mileage out: _____	
Email: _____		Make & Model: <u>MAZDA 3</u> <input checked="" type="radio"/> Auto / <input type="radio"/> Manual	
NRIC/PASSPORT No: <u>S7737634H</u>		OUT : Date <u>30/08/2022</u> Time: <u>07.00PM</u>	
Date of Birth: <u>22/12/1977</u>		HIRE PERIOD	
Address (Res): <u>APT BLK 440A Fernvale Link #19-179 C (791440)</u>		OWN DAMAGE CLAIM Excess S\$ <u>2000</u>	
Driving Licence No: <u>S7737634H</u> D/L Type: <input checked="" type="radio"/> Local / <input type="radio"/> International		THIRD PARTY CLAIM Excess S\$ <u>1500</u>	
Issue Date: <u>03 NOV 2004</u>		<b>CHARGES</b>	
Tel: (O) _____ HP <u>8322 1383</u>		Daily <u>6</u> @\$ <u>120.00</u> per day <u>720</u> <u>00</u>	
<b>Company Name:</b> _____		Weekly @\$ _____ per week	
Company UEN: _____		Monthly @\$ _____ per month	
Company Address: _____		Others @\$ _____	
<b>ADDITIONAL DRIVER'S PARTICULARS</b>		Delivery Service _____	
Name: (as in I/C) _____		GST _____	
NRIC/PASSPORT No: _____		<b>SUB-TOTAL \$</b> _____	
Date of Birth: _____		<b>PETROL LEVEL</b>	
Address (Res): _____		Out E <input checked="" type="radio"/> 1/4 <input type="radio"/> 1/2 <input type="radio"/> 3/4 <input type="radio"/> F	
Driving Licence No: _____ D/L Type: <input type="radio"/> Local / <input type="radio"/> International		In E <input type="radio"/> 1/4 <input type="radio"/> 1/2 <input type="radio"/> 3/4 <input type="radio"/> F	
Issue Date: _____		EXTENSION	
Tel: (O) _____ HP _____		Misc. _____	
<b>VEHICLE CHECK LIST</b>		GST <u>Incl 7%</u>	
INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS	BACK	<b>TOTAL CHARGES</b> <u>720</u> <u>00</u>	
		Rented out by: _____	
	RIGHT	Hirer's Signature <u>Charlene Ong</u>	
	FRONT	Addition Driver's Signature _____	
TOP			
LEFT			

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
<u>5/9</u>				 HIRER'S SIGNATURE