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TC AutoClinic Pte. Ltd.
25 Leng Kee Road
Singapore 159097
Tel: 6703 8511
Fax: 6479 3965
BRN 199105199R

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SJJ4428C and SNH7764A on 22/12/2022

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess-	S\$ 20096.38
b)	Loss of Use/ Rental of vehicles for <u>12</u> day(s) @ S\$ <u>90.00</u> per day	S\$ 1166.40
c)	LTA/ GIA Search Fees	S\$ NA
d)	Towing Fees	S\$ NA
e)	Others _____	S\$ NA
8 WORKING DAYS + 4 DAYS(PUBLIC HOLIDAY/WKS) TOTAL		S\$ 21262.38

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input checked="" type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Medical Invoice

All payment should be payable to TC AUTOCLINIC PTE LTD (TCAC) and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

*Contact person: Sayedinah Ali
HP: 92992693 DID: 67038515
FAX: 64793965
Email: sayedinah@tanchong.com

LETTER OF AUTHORITY AND INDEMNITY

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☒ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☒ Third Party (Direct Settlement)
- ☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SJJ4428C AND SNH7764A
ON 22/12/2022 AT JUNCTION OF EUNOS ROAD 5 AND AVE 3

1. I, the owner of vehicle no. SJJ4428C hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop
Name MR POH LEONG CHEW		Company Name TC AUTOCLINIC PTE LTD
Address BLK 170 BEDOK SOUTH RD #10-352 S(460170)		Claim Officer's Name SAYEDINAH ALI
Telephone No 90622602 leongchew99@yahoo.com.sg		Telephone No 92992693
Date 10/01/2023	Email	Date 10/01/2023
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Claim Officer Signature
		



SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

☐☐☒

DATE: 10/01/2023

OWNER NAME: MR POH LEONG CHEW

NRIC NO.: SXXXX938F

ADDRESS: BLK 170 BEDOK SOUTH RD
#10-352 S(460170)

TYPE OF CLAIM:

☐

OWN DAMAGE (OD)

☐

OWN DAMAGE (OD) & UNINSURED LOSS
(EXCESS & LOSS OF USAGE) VIA
TCMS / AIPL / TCAC

☒

THIRD PARTY THROUGH
TCMS / AIPL / TCAC

☐

THIRD PARTY - OWNER
DIRECT CLAIM AGAINST
THIRD PARTY INSURANCE

☐

WINDSCREEN / GLASS (W/S)

VEHICLE MODEL: NISSAN QASHQAI 1.2

INSURANCE CO.: INDIA INTL INS PTE LTD

REGN. NO.: SJJ4428C

CLAIM NO.: CC4/11122012884/PA3

CHASSIS NO.: SJNFEAJ11U1951279

POLICY NO.: D22MTPV01007504

DATE OF ACCIDENT:
22/12/2022

DATE RECEIVED:
29/12/2022

DATE COMPLETED:
10/01/2023

We / I hereby confirmed that the accident repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd and that all necessary repairs as resulted of the accident of the above vehicle have been completed to our / my satisfaction and that We / I have no futher claim whatsoever against the above Company in repect thereof. Terms and Conditions as stplulated in the overleaf applies.

We / I have taken delivery of my car after all necessary repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd on* 10/01/2023

Note: In the event of an Own Damage Claim, your Insurance Company may under policy terms & conditions, or as standard Industrial Practice, increase the loading on your premium during Insurance Policy renewal. Your NCD [Non Claim Discount] may also be affected, subject to business policy of respective Insurance Company.

MR POH LEONG CHEW

(NAME / SIGNATURE OF INSURED)

FOOTNOTE:

☐

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER
THROUGH TCMS'S LEGAL AID

☐

DEPOSIT PAID BY OWNER

☐

OWNER WILL MAKE CLAIM AGAINST
THIRD PARTY INSURANCE COMPANY

☐

DOCUMENTS RETURNED TO
OWNER

☐

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER UNINSURED LOSS. (EXCESS
PAYMENT & LOSS OF USAGE)

INSURANCE CO. COPY

* Delete When Necessary



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Service Centres
1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13
913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3
19 Ubi Road 4, Singapore 408623 Tel: 67038666
19 Toa Payoh Lor 8, S(319255) Tel: 67038668
Regn No.: 199105199R GST Regn No.: 19-9105199-R

TC AutoClinic

TAX INVOICE

CO. REG: 19-9105199-R

NAME : INDIA INT'L INSURANCE PTE LTD
ADDRESS : 64 CECIL STREET
TELEPHONE : #04-05 IOB BUILDING S(049711)
MODEL : 63476100
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2421504A
VEHICLE NO : SJNFEAJ11U1951279
SJJ4428C

INVOICE NO : WE2105048
INVOICE DATE : 31-JAN-2023
TERMS : CREDIT
DATE REC'D : 29-DEC-2022
SA/SE : SAY
JOB NO : EG190873
MILEAGE : 000001
YOUR REFERENCE : 173/IC/TCAC/SAY/2

Page 1

Credit terms 30 days

ITEMS	JOB DESCRIPTION	AMOUNT
1	LABOUR	
1	PERFORM VEHICLE ELECTRONIC SYSTEM DIAGNOSIS, INTERROGATION & REPROGRAM MODULE WITH CONSULT	240.00
2	PERFORM NISSAN COMPUTERISED DIAGNOSIS, ALIGN VEH LEVEL, CALIBRATION SENSOR AND ROAD TEST	270.00
3	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	240.00
4	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	200.00
5	ELECTRONIC 4 WHEEL ALIGNMENT & ADJUST STRG ANGLES TO STANDARD SPECIFICATION- PASSENGER	95.00
6	CHECK & INSPECT WIRE HARNESS FOR DAMAGE & OPEN/ SHORT CIRCUIT, REPAIR WHEN NECESSARY	NC
7	CONDUCT 3RD PARTY CLAIM III DATE:22/12/2022 TIME:1810 LOCATION:JUNC OF EUNOS RD 5 & AVE 3	NC
8	REPAIR/REPLACE FRT LH DOOR, RR LH DOOR, LH ROCKER PANEL, B PILLAR & LH REAR FENDER	780.00
9	RESPRAY FRT LH DOOR, RR LH DOOR, RR LH FENDER, LH SILL & B PILLAR	500.00
10	TRANSFER RR LH DOOR MECHANISM TO NEW DOOR	120.00
11	REMOVE/REFIX ROOF LINING, SIDE PANEL GARNISH, SEATS & CUSHION TO FACILITAE REPAIR	735.00

DOLLARS:



WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this invoice must be made within seven (7) days from the date of this invoice, otherwise it shall be assumed that this invoice has been accepted as correct and conclusive.

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Service Centres
1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
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Regn No.: 199105199R GST Regn No.: 19-9105199-R

TC AutoClinic

TAX INVOICE

CO. REG: 19-9105199-R

NAME : INDIA INT'L INSURANCE PTE LTD

ADDRESS : 64 CECIL STREET
#04-05 IOB BUILDING S(049711)

TELEPHONE : 63476100

MODEL : FRLARBZJ11UEA--A--

ENGINE NO : HRA2421504A

CHASSIS NO : SJNFEAJ11U1951279

VEHICLE NO : SJJ4428C

INVOICE NO : WE2105048
INVOICE DATE : 31-JAN-2023
TERMS : CREDIT
DATE REC'D : 29-DEC-2022
SA/SE : SAY
JOB NO : EG190873
MILEAGE : 000001
YOUR REFERENCE : 173/IC/TCAC/SAY/2

Page 2		Credit terms 30 days	
ITEMS	JOB DESCRIPTION	AMOUNT	
12	REMOVE/REFIX/REPLACE REAR UNDERCARRIAGE ASSY TO FACILITATE REPAIR	960.00	
13	REMOVE/REFIX/REPLACE REAR LH TYRE/RIM	48.00	
14	REMOVE/REFIX SRS AIRBAGS & MODULE	245.00	
15	QC & CONSULT CHECK	NC	
16	REMOVE/REWRAP FRT LH PASSENGER SEAT LEATHER TO FACILITATE REPLACEMENT OF AIRBAG	450.00	
17	REPLACE 1 PC TYRE REAR LH 215/60/R17 (SUPP)	250.00	
18	CARWASH & VACUUM	NC	
	SUBTOTAL :	5133.00	
	PARTS		
1	HUB REAR WHEEL (SUPP) Qty:1 @ \$363.90 each (Special Nett Item)	363.90	
2	BEAM REAR ASSY (SUPP) Qty:1 @ \$1426.70 each (Special Nett Item)	1426.70	
3	HEADLINING ASSY Qty:1 @ \$1426.80 each (Disc:20.00% After Disc:\$1141.44each)	1141.44	
4	HINGE ASSY LOWER LH RR (SUPP) Qty:1 @ \$42.40 each (Disc:20.00% After Disc:\$33.92each)	33.92	
5	TAPE-RR DOOR,LH Qty:1 @ \$35.00 each (Disc:20.00% After Disc:\$28.00each)	28.00	

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MILEAGE : 000001
YOUR REFERENCE : 173/IC/TCAC/SAY/2

ITEMS	JOB DESCRIPTION	Amount
6	TAPE-RR DOOR, LH Qty:1 @ \$35.00 each (Disc:20.00% After Disc:\$28.00each)	28.00
7	MLDG RR DOOR OUTER GLASS Qty:1 @ \$237.80 each (Disc:20.00% After Disc:\$190.24each)	190.24
8	WSTRIP ASSY-RR LH Qty:1 @ \$181.90 each (Disc:20.00% After Disc:\$145.52each)	145.52
9	MOULDING RR LH DOOR OUTER LOWER Qty:1 @ \$303.00 each (Disc:20.00% After Disc:\$242.40each)	242.40
10	BELT ASSY-LH FRT PASSENGER Qty:1 @ \$788.50 each (Special Nett Item)	788.50
11	FENDER OVER GARNISH RR LH Qty:1 @ \$584.20 each (Disc:20.00% After Disc:\$467.36each)	467.36
12	MODULE SIDE, LH FRT SEAT AIR BAG (SUPP) Qty:1 @ \$1162.10 each (Disc:20.00% After Disc:\$929.68each)	929.68
13	LH CURTAIN AIRBAG (SUPP) Qty:1 @ \$1866.50 each (Disc:20.00% After Disc:\$1493.20each)	1493.20
14	WHEEL-ROAD AL Qty:1 @ \$1332.70 each (Special Nett Item)	1332.70
15	ABSORBER-SHOCK RR LH (SUPP) Qty:1 @ \$199.30 each (Special Nett Item)	199.30
16	SILL-OTR LH Qty:1 @ \$1318.80 each (Disc:20.00% After Disc:\$1055.04each)	1055.04

DOLLARS:



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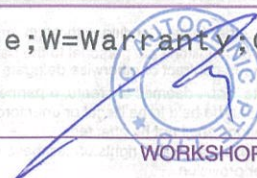
CO. REG: 19-9105199-R

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JOB NO : EG190873
MILEAGE : 000001
YOUR REFERENCE : 173/IC/TCAC/SAY/2

ITEMS	JOB DESCRIPTION	Amount
17	DOOR-REAR LH Qty:1 @ \$1258.20 each (Disc:20.00% After Disc:\$1006.56each)	1006.56
18	SENSOR-AIR BAG (SUPP) Qty:1 @ \$674.50 each (Special Nett Item)	674.50
19	SENSOR SIDE A/BAG MODULE Qty:1 @ \$1560.60 each (Special Nett Item)	1560.60
20	SEN-SIDE AIR,RH (SUPP) Qty:1 @ \$367.20 each (Special Nett Item)	367.20
	SUBTOTAL :	13474.76
	Insurance Co : INDIA INT'L INSURANCE PTE LTD Policy No.....: D22MTPV01007504 Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 22-DEC-2022 Our Ref.....: 173/IC/TCAC/SAY/2022 Surveyor.....: SURVEYOR FROM INSURANCE CO	
	LABOUR :	5133.00
	PARTS :	13474.76
	SUBTOTAL :	18607.76
	TOTAL :	18607.76
	GST(8%) :	1488.62
	AMOUNT DUE :	20096.38

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
DOLLARS: TWENTY THOUSAND NINETY SIX AND CENTS
THIRTY EIGHT ONLY.



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CUSTOMER

**DOWNTOWN TRAVEL SERVICES PTE LTD**

19 Lorong 8 Toa Payoh Singapore 319255

Tel (65) 6334 1700 Fax (65) 6336 4677

Co. Reg. No. 1984-03671/H

GST Reg. No. M2-0067432-4

New Mailing Address:

25 Leng Kee Rd, Singapore 159097

TC AUTO CLINIC PTE LTD
(LENG KEE)
25 LENG KEE ROAD

S(159097)
ATTN:KELVIN HENG

GST Reg No. : M2-0067432-4
Tax Invoice : S1020836
Inv. date...: 10-JAN-2023
Print date...: 10-JAN-2023
Print time...: 13:01:19
Page no.....: 1
Agreement no: TP2022846
Payment Due : 09-FEB-2023
Amount.....: \$1166.40
Salesman....: RIDA

Description

Amount

RENTAL CHARGE FROM 29-DEC-2022 TO 10-JAN-2023
FORESTER 2.0I-L CVT AWD SR - SLU6230K
(POH LEONG CHEW (FU YANGZHOU))

1080.00

=====

TOTAL SGD(BEFORE GST)	1080.00
GST(8%)	86.40
TOTAL SGD(AFTER GST)	1166.40

=====

DOWNTOWN TRAVEL SERVICES PTE LTD

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 1.25% per month on overdue account.



Authorised Signature



Hiring Agreement

Co.Reg.No.: 198403671HGST
GST Reg.No.: M2-0067432-1

TP2022846

CUSTOMER'S COPY
SALESMAN CODE: RIDA

Vehicle Number: SLU6230K Make & Model: FORESTER 2.0HL CVT AWD SR Date: 29/12/2022
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: TC AUTO CLINIC PTE LTD
Address: 25 LENG KEE ROAD
Singapore: 159097
Contact Person: KELVIN HENG Tel: 67038517

1st Driver

Name: POH LEONG CHEW (FU YANGZHOU)
Address: BLK 170 BEDOK SOUTH ROAD #10-352
Singapore: 460170
Contact No: _____
Occupation: _____ Date of Birth: 13/10/1972
Passport / NRIC No: 7XXX938F Nationality: SINGAPORE
Driver's Licence No: SXXXX938F Driving Exp: _____
Country of Issue: SINGAPORE Driving Date: _____

Additional Driver

Name: _____
Address: _____
Singapore: _____
Contact No: _____
Occupation: _____ Date of Birth: _____
Passport / NRIC No: _____ Nationality: _____
Driver's Licence No: _____ Driving Exp: _____
Country of Issue: _____ Driving Date: _____

Remarks / Delivery Location

SJ4428C TP CLAIM TCAC SAYED

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of S\$250 will be applicable to ionize the vehicle.

The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable.

More than 1 hrs	20% of the daily rental charges
More than 2 hrs	40% of the daily rental charges
More than 3 hrs	60% of the daily rental charges
More than 4 hrs	80% of the daily rental charges
More than 5 hours	100% (1 day rental chargeable)

PENALTY FOR EARLY TERMINATION

The hirer acknowledged and understands that early termination under any circumstances within the hiring period will be subject to penalty.

Early termination can only be requested by the Hirer subject to the following Terms & Conditions -

- The Hirer gives Downtown Travel Services Pte Ltd advance notice of no less than one (01) month prior of the Hirer's intention to terminate early. The Earlier Termination Date shall be one month from when notice was given by the Hirer.
- The Hirer shall be liable to pay Downtown Travel Services Pte Ltd full rental amount for the unutilized period. For the avoidance of doubt, the unutilized period shall be the Agreed Date of Return minus Earlier Termination Date.

Check In / Out

Date Out: 29/12/2022 Time Out: 10:30:00 Km Out: 55609.00
Petrol Level: F
Agreed Date of Return: 05/01/2023 10:30:00
Date In: 10/1/23 Time In: 1200 Km In: 56477
Petrol Level: F

Collision Damage Waiver

ACCEPTS

To Pay Extra Fee

Daily: S\$0.00

Non-Waiverable Excess

S\$: 0.00

Windscreen Excess: \$100.00

Signature: _____

DECLINES

Hirer Declines CDW

Excess S\$: 2,000.00

per accident

Windscreen Excess: \$100.00

Signature: _____

*The above is subjected to 7% GST.

EYID Excess

Additional \$3,000 + Existing Excess applies to:

- Drivers age 23 years & below
- Drivers age 70 years & above
- Less than 2 years driving experience

Signature: _____

*The above is subjected to 7% GST.

Per Day	90	00
Per Month		
Rental Charges	630	00
CDW	0	00
Malaysia Charge	0	00
Other Charge		
7% GST	44	10
Sub Total	674	10

OVERALL CHARGES

Deposit Tax Invoice

Deposit Inv: _____ Amount _____
O/R No: _____ Date _____

For Official Use

IV _____ O/R _____ Date _____
IV _____ O/R _____ Date _____
IV _____ O/R _____ Date _____

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD

