

Date : 25.02.2023

Fax:

Vehicle Reg No. : **SHD3332G**

17.02.2023

Date : _____

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid	-	N		
3. Survey Fees	-	-		
4. LTA Search Fee	\$26.75/\$2.00	YES		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: