AUBURN AUTO PTE. LTD.

INVOICE

UEN: 200805305G 2004/23

176 SIN MING DRIVE #04-18

SIN MING AUTOCARE SINGAPORE 575721

 To
 : LONPAC INSURANCE BHD
 Date : 12-Jun-2023

 Vehicle No.
 : SMK 1458 U
 Page No : 1

 Make & Model
 : TOYOTA WISH

 Date of Accident
 : 24-Jan-2023

S/n	Description	Unit	Unit Price (S\$)	Prices (S\$)
1	Repair Cost of Vehicle - SMK 1458 U Lump Sum	-	12,500.00	12,500.00
	GRAND TOTAL (SGD)			12,500.00

Payment Terms : 30 days from invoice date

For cheque payment, all cheques must be crossed and made payable to **AUBURN AUTO PTE. LTD.**

LETTER OF AUTHORITY

To: MOTOR CLAIMS DEPARTMENT				
ACCIDENT INVOLVINGSMK1458U_ INSURED) ON 24/01/2023 09:45				
Please be informed that I/we				
SMK1458U, hereby dec				
and the representative of AUBURN AUTO	PTE LTD to handle	my/our m	otor claims p	processing
against the insurers of vehicle no	YP6938A	in r	elation to t	he above
accident.				
I am/ We are also agreeable to have all s	ettlement cheques	s, in relatio	n to this acc	ident, are
to be paid and released to AUBURN AL				
settlement amount to be transferred to				
agreeable to allow the personnel from				
pertaining to this claim to effect payment		5 5 Bit 4 11 y	a o camena	, that are

Thank you.

Date & Signature of Owner (Company Stamp, if any)

PARADIGM AUTO PTE LTD UEN: 201943139H LINK@AMK

\$638/per week

VEHICLE RENTAL AGREEMENT

3 ANG MO KIO STREET 62 #07-26 S569139

THIS VEHICLE RENTAL AGREEMENT ("AGREEMENT") EFFECTIVE AS OF 30/10 17 022 (DD/MM/YYYY), IS MADE AND ENTERED INTO BETWEEN PARADIGM AUTO PTE LTD (hereinafter "The Company") (SINGAPORE COMPANY REGISTRATION NO. 201943139H, A COMPANY ORGANISED AND EXISTING IN SINGAPORE, WITH OFFICES LOCATED AT LINK@AMK, 3 ANG MO KIO STREET 62 #07-26, SINGAPORE 569139 AND M Soundara Rjan
(Name of main hirer / hereinafter "Hirer") 513373120 (Singapore NRIC No. / Driving License No.) BIK 204 Choa Chu Kung (entral #04-150 s(680209)
(Residential/Mailing Address*) 97703115 (Contact No.) (Emergency contact No.) 81770102 (Relationship) AND (Name of Co-hirer / hereinafter "Hirer") (Singapore NRIC No. / Driving License No.) (Residential/Mailing Address*) (Contact No.) Son (Emergency contact No.) 97896004 Haran (Relationship) / Authorised Vehicle Details Toyota Wish Make&Model:

Whereas, The Company and Hirer desire to enter into a relationship in which the Company has agreed to provide car rental service to the Hirer on the terms and conditions set out in this Agreement from page 1-8. While Hirer is of the opinion that the Company has the proper and necessary qualification, experience and ability to provide car rental services to Hirer. The Hirer will also receive a copy of this Rental Agreement. The Company may change these terms and conditions at any time by revising them without prior notice. You agree to be bound by any such revisions.

Vehicle No: ____ Exchanged from:

Rental Period:

30/10/2022

(dd/mm/yyyy)

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time : 06 Feb 2023 / 20:03:00 Receipt Date/Time : 06 Feb 2023 / 20:03:00

Tax Invoice/Receipt

Receipt No.: ITNET-00000-230206-003547

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 - YP6938A As at 24 Jan 2023/09:45:00 Insurance Co: LONPAC INSURANCE BHD 1 Insurance Enquiry - YP6938A				
Enquiry Fee 20230206200151190807		24.77	1.98	26.75
	Sub-Total	24.77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
	Paid By			
	400682XXXXXX2485	eNETS	Credit Card	26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	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.

1 of 1 6/2/2023, 8:03 pm

Allied Auto Appraisal

22 Upper Serangoon Crescent #16-53 Singapore 534028

alliedauto@ymail.com Reg 53127783B

Invoice

AUBURN AUTO PTE. LTD. 176 SIN MING DRIVE #04-18 SIN MING AUTOCARE SINGAPORE 575721

Invoice No. ALLIED/SV/229

Date: 21-Jun-23

Case Ref: AUB IND B3 02005

Sr	Description	Amount
1	Survey Inspection of SMK 1458 U	720.00
2	Transportation x 3	180.00
3	Photographs (Digital Printouts)	61.00
	Grand Total	SGD 961.00

Please cross a cheque of an amount <u>SGD 961.00 (SGD NINE HUNDRED AND SIXTY-ONE ONLY)</u> payable to **ALLIED AUTO APPRAISAL.**

We shall be grateful if you could forward our payment within 30 days from the date of this invoice.

Thank you.

NG HENG CHAI - DIRECTOR

This is a computer generate invoice no signature is required

22 Upper Serangoon Crescent #16-53 Singapore 534025

Company Registration No. 53127785B

Repairer : Auburn Pte Ltd Date of Accident : 12-Apr-23
Address of Inspection Date of Survey : 8-Mar-23

176 Sin Ming Drive #04-18, Sin Ming Autocare, Singapore 575721

VEHICLE PARTICULARS & CONDITION

Make & Model:Toyota Wish 1.8 AutoDate of Registration:31-Mar-09Engine No:1ZZ3240064Engine c.c.:1794 ccChassis No:JTDER12WX03003120COE Expiry Date:30-Mar-24

CONDITION OF VEHICLE

General Condition : Good Modification : No Steering : Serviceable Air-Conditioner : Yes

Handbrake:ServiceableFootbrake:ServiceableWing Mirror:YesPaint Work:Good

CONDITION OF TYRES (The below values represent the remaining tyre treads depth)

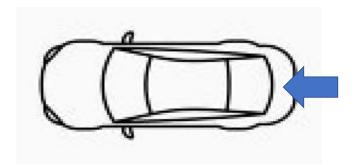
Front Tyre Size : 215/45ZR17 Rear Tyre Size : 215/45ZR17
Front Left Side 6mm Rotalla Rear Left Side 6mm Rotalla
Front Right Side 6mm Rotalla Rear Right Side 6mm Rotalla

GENERAL DESCRIPTION OF DAMAGE

The inspected vehicle sustained damage at the **REAR** portion.

During visual inspection, our surveyor noted that the tailgate, rear end panel, rear fender panel, rear bumper and among other parts were affected.

All stated damage is subject to consistency of the accident reports.



Repairer Estimate Our Recommendation

 Parts
 : 16,253.85
 Parts : 11,508.75

 Nett Item
 : 930.00
 Nett Item : 650.00

 Labour
 : 4,020.00
 Labour : 3,520.00

Total : **21,203.85** GST (7.00%) :

Total: 15,678.75 Less 20%: 3,135.75

12,543.00

Lump Sum (Estimated): 12,500.00

The repairer agree to repair the vehicle on a **Lump Sum Basis** with our recommendation of **SGD 12,500.00 (SGD Twelve Thousand and Five Hundred only)** and we are in the opinion the repairer would need about a **9.0** working day period to repair the vehicle.

Allied Auto Appraisal Surveyed by Ng Heng Chai Licensed Appraiser

RECON	MMENDED PARTS				
No.	Descriptions	Condition	Qty	Repairer	Adjusted
1	TAILGATE ASSEMBLY	Badly Dented	1	2,589.60	2,158.00
2	TAILGATE WINDSHIELD GLASS	Broken / Shattered	1	1,544.40	1,287.00
3	TAILGATE WINDSHIELD GLASS MOULDING	Necessary	1	246.00	205.00
4	TAILGATE TOYOTA BADGE	Necessary	1	78.00	65.00
5	TAILGATE OUTER CHROME GARNISH	Dented/Cracked	1	436.80	364.00
6	TAILGATE INTERIOR UPPER TRIM GARNISH	Dented/Cracked	1	201.60	168.00
7	TAILGATE INTERIOR SIDE TRIM GARNISH (RH)	Dented/Cracked	1	250.80	209.00
8	TAILGATE INTERIOR SIDE TRIM GARNISH (LH)	Dented/Cracked	1	250.80	209.00
9	TAILGATE INTERIOR TRIM BOARD	Cracked	1	583.20	486.00
10	TAILGATE WINDSHIELD WIPER MOTOR	Bent	1	1,066.80	889.00
11	TAILGATE LOCK ASSEMBLY	Dented/Bent	1	860.40	717.00
12	REAR END OUTER PANEL	Badly Dented	1	937.20	781.00
13	REAR END PANEL INNER GARNISH	Dented / Deformed	1	450.00	375.00
14	TAILGATE WEATHERSTRIP	Torn/Deformed	1	586.80	489.00
15	REAR COMBINATION LAMP (RH)	Cracked/Broken	1	1,891.20	1,576.00
16	REAR COMBINATION LAMP (LH)	Cracked/Broken	1	1,891.20	1,576.00
17	REAR FENDER PANEL AIR DUCT (RH)	Cracked/Broken	1	326.40	272.00
18	REAR FENDER PANEL (LH)	Repair	1	2,923.00	-
19	REAR FENDER PANEL AIR DUCT (LH)	Cracked/Broken	1	326.40	272.00
20	REAR BUMPER FACE	Badly Dented/ Deformed	1	996.00	830.00
21	REAR BUMPER CLIP	Necessary	1	96.00	80.00
22	REAR BUMPER REFLECTOR (LH)	Serviceable	1	334.80	-
23	REAR BUMPER REFLECTOR (RH)	Cracked	1	334.80	279.00
24	REAR BUMPER SIDE RETAINER (RH)	Cracked/Broken	1	220.80	184.00
25	REAR BUMPER SIDE RETAINER (LH)	Cracked/Broken	1	220.80	184.00
26	REAR BUMPER ARM (RH)	Badly Dented	1	84.00	70.00
27	REAR BUMPER ARM (LH)	Dented	1	84.00	70.00
28	Exhaust Silencer Assembly	Dented/Bent	1	1,860.00	1,550.00
		Sub Total (S\$)	: -	21,671.80	15,345.00
		Discount (25%)	:	5,417.95	3,836.25
		Total Parts (S\$)	:	16,253.85	11,508.75
RECON	MMENDED SPECIAL NETT ITEMS				
No.	Descriptions	Condition		Repairer	Adjusted
1	TAILGATE INNER SEALER	Necessary		120.00	100.00
2	TAILGATE WINDSHIELD GLASS DAM KIT	Necessary		120.00	100.00
3	TAILGATE WINDSHIELD GLASS SEALANT	Necessary		120.00	100.00
4	REAR END OUTER PANEL JOINT SEALANT	Necessary		120.00	100.00
5	REAR BUMPER PARKING SENSOR	Dented/Cracked		450.00	250.00
				930.00	650.00
RECON	MMENDED LABOUR				
No.				Repairer	Adjusted
1	TO CUT/WELD REAR END OUTER PANEL TO RENEW FLOOR PANEL AND LEFT REAR FENDER INCLUDING REAR ACCIDENT DAMAGED PARTS.		<u> </u>	1,600.00	1,400.00
2	TO INSTALL TAILGATE WINDSHIELD GLASS TO NEW	/ TAILGATE.		200.00	150.00
3	TO TRANSFER TAILGATE LOCKING MECHANISM AN	_		120.00	120.00
-	COMPONENTS TO NEW TAILGATE.				

RECON	/IMENDED LABOUR		
No.		Repairer	Adjusted
5	TO REMOVE/INSTALL REAR COMPARTMENT TRIM, GARNISHES AND	200.00	150.00
	INTERIOR UPHOLSTERY TO FACILITATE THE REPAIRS.		
6	TO CHECK REAR LIGHTINGS AND ELECTRICAL WIRING SYSTEM.	50.00	50.00
7	TO INSTALL REAR BUMPER PARKING SENSORS TO NEW BUMPER FACE.	80.00	80.00
8	TO REMOVE/INSTALL EXHAUST PIPING SYSTEM TO RENEW EXHAUST	120.00	120.00
	SILENCER ASSEMBLY.		
9	RUST PROOFING ON THE REAR ACCIDENT AFFECTED PORTION.	120.00	120.00
10	TO PUTTY AND RESPRAY PAINTING ON THE TAILGATE, REAR FLOOR	1,450.00	1,250.00
	PANEL, REAR END OUTER PANEL, LEFT REAR FENDER AND REAR BUMPER		
	FACE.		
		4,020.00	3,520.00

COST	OF CLAIMS		Repairer	Adjusted
1	TOTAL PARTS		16,253.85	11,508.75
2	TOTAL NETT ITEMS		930.00	650.00
3	LABOUR & SPRAY		4,020.00	3,520.00
		Gross Total (S\$):	21,203.85	15,678.75
		GST 7.00% (S\$):	_	-
		Total Amount (S\$) :	21,203.85	15,678.75





































































































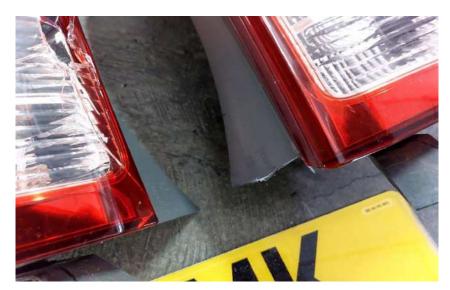




























SA18231U000M / Abwin Service Pte Ltd ENTRY DATE & TIME: 30/01/2023 18:03 (SGT) SUBMITTED BY: Claims VERSION: 1 (30/01/2023 18:03 (SGT))

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 30/01/2023 18:03 (SGT) Reported by Driver Date of Accident 24/01/2023 09:45 (SGT) Exact Location of Accident Jurong Town Hall Rd, Singapore Additional Location Information JURONG TOWN HALL SLIP RD TO AYE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

1794

Vehicle Registration Number SMK1458U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PARADIGM AUTO PTE LTD Company Reg No 201943139H Email Address AUBURNAUTO.INSURANCE@GMAIL.COM Mobile Phone No (Phone) +65-91772142 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

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

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5125953312-01

DRIVER

Name of Driver M SOUNDARA RJAN NRIC No S1337312D Date Of Birth 28/01/1958 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	02/12/1991 31 YEARS AND 1 MONTH Male (Phone) +65-97703115 - SOUNDARAQU37@GMAIL.COM BLK 209 CHOA CHU KANG CENTRAL #04-150 680209 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Raining Wet
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 Yes No Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Clementi Division Headquarters (Phone) +65-18007740000 (Fax) +65-67741705 20 Clementi Avenue 5 Singapore 129858 No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	YP6938A -

Vehicle Variant

Vehicle Model

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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	M SOUNDARA RJAN
Gender	Male
Phone No	(Phone) +65-97703115
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMK1458U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
 - This Formmust be completed by the Policyholder and/or the Authorised Driver.
 - 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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)

Lunderstand, 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' 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 agent (including ber law mass/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

Sketch Plan

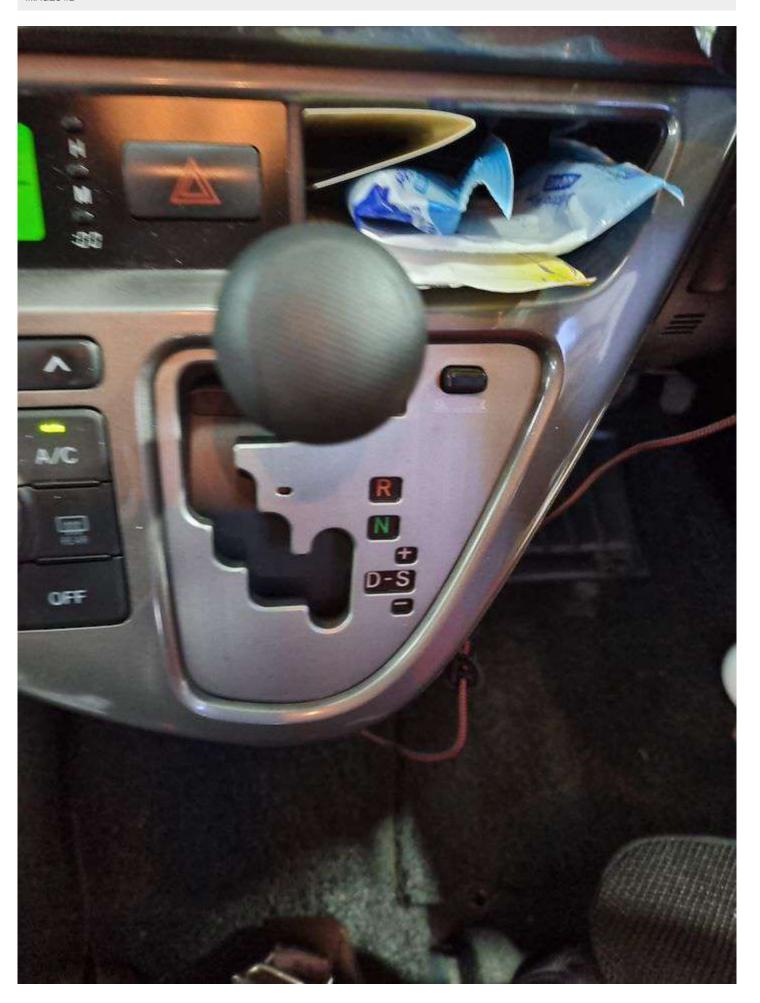
AXB

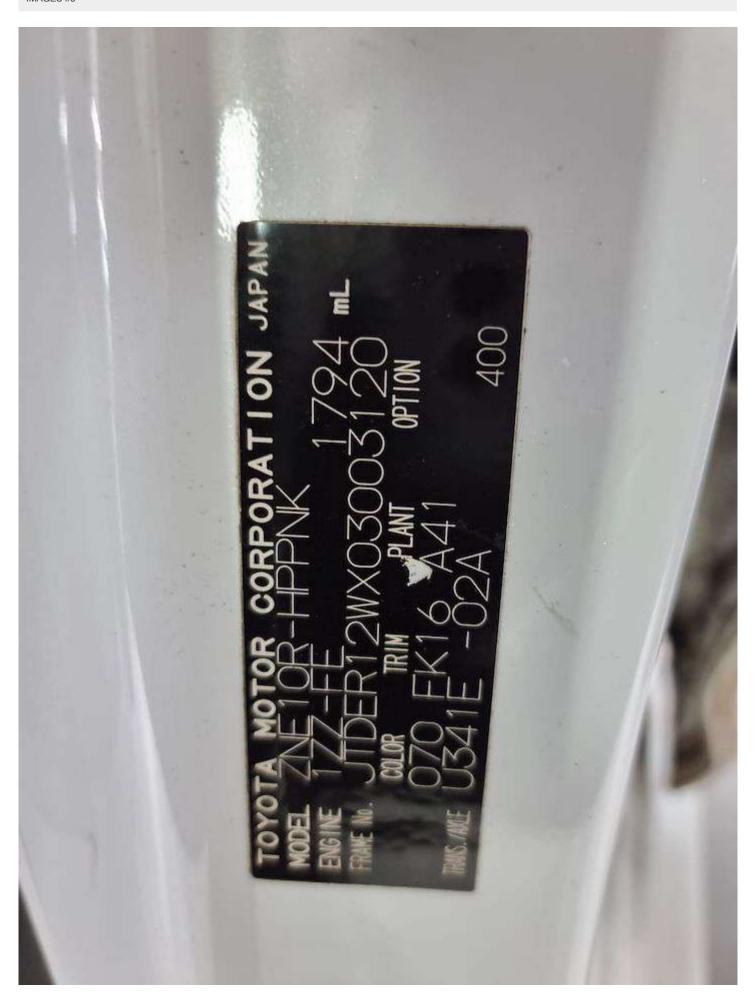
Vehicle A: SMK1488U

Vehicle B: YP6938A

	D	TA	PALLCE	REPURT	
	REFER	10	roci -		
	D	20230	0 (30 / 70	2.0	
	- 1				
		Maria a series			
		12001			
100	va				
4 95%	7.H-1				
SP ST					
or other property was					ř.
eclaration					VICE
We declare (1@ foften	ing particulars are true	in every respec	at.		18
(4) M	디			3	N (CS BRAN
(3/08°)		7.			300
Comment of the	1/0	N.			~~





















1 0

Report No. D/20230130/7020

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
30/01/2023 14:11				
Name Of Informant	Address	8		
M SOUNDARA RJAN	209 CHOA CHU KANG CENTRAL #04-150 SINGAPO 680209			04-150 SINGAPORE
ID Type / ID No. NRIC NO / S1337312D	Contact No. Home/Office: Mobile: 97703115			
Nationality SINGAPORE CITIZEN	Email A		@GMAIL.COM	1.0
Occupation	Sex	Age	Date of Birth	Race
Private-hire car driver	Male	65	28/01/1958	Indian
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
24/01/2023 09:45 - 24/01/2023 09:50	10 TEBAN GARDENS CRESCENT SINGAPORE 608923			
Brief details.				

On 24/01/2023 09.45am, I was driving car plate bearing SMK1458U Toyota Wish at along 10 TEBAN GARDENS CRESCENT slip road. My car was stationary it was road work before merging road, when suddenly a lorry car plate bearing YP6938A Isuzu collided into the rear of my vehicle. This caused damages to my vehicle and I was given 3 days MC with strong medications.

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 30/01/2023 14:11
Classification Of Case:



OFFICIAL RECEIPT

(No: 146931)

Received from M SOUNDARA RJAN

Consultation Medicine - \$ 40.00 - \$ 22.00

Total: \$ 62.00

Date: 30/01/23

FONG CLINIC

BLOCK 162, #01-361 MEI LING STREET SINGAPORE 140162 TEL: 6474 5993

MEDICAL CERTIFICATE

This is to certify that: M SOUNDARA RJAN is unfit for work for 3 days from 30/01/23 to 01/02/23

DR. FONG SENG YEW M.B., B.S. Family Physician Designated Workplace Doctor MCR 045458

Date: 30/01/23

(This certificate is not valid for absence from court)

FONG CLINIC

BLOCK 162, #01-361 MEI LING STREET SINGAPORE 140162 TEL: 6474 5993

PARADIGM AUTO PTE LTD UEN: 201943139H LINK@AMK 3 ANG MO KIO STREFT 62 #07-26 S569139

VEHICLE RENTAL AGREEMENT

THIS VEHICLE RENTAL AGREEMENT ("AGREEMENT") EFFECTIVE AS OF 20/16 17 022

201943139H, A COM				COMPANY REGISTRATIO D AT LINK@AMK, 3 ANG N	
AND Sound (Name of main hirer /					
51337312 (Singapore NRIC No.	Driving License No.)				
Residential/Mailing A	Choa Chu	Kung Centre	1 #04-150	5 (C&O 5 0d)	-
94703115	5	_ (Contact No.)			
Shan	(Emergency contac	1No.) _8177011	Daughter (Relationship) /		
AND	T				
(Name of Co-hirer / he	reinafter "Hirer")	77			
(Singapore NRIC No.	Driving License No.)				
15 17 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TV TV		· .		_
(Residential/Mailing A		_(Contact No.) LNo.)	Son- (Relationship)	1	
Authorised Vehicle D			(verationship) /	1/4	
Make&Model: Vehicle No:	Toyota V 5MK14	Vish Stu		GOIGM ALCO	X
Exchanged from: Rental Period:	30/10/2022	10 29 110-12	1023	TO WELLEN	
THERET STORE	(dd/mm/yyyy)	(dd/mm/yy		* 011	
224 PAGE 124					

Whereas, The Company and Hirer desire to enter into a relationship in which the Company has agreed to provide car rental service to the Hirer on the terms and conditions set out in this Agreement from page 1-8. While Hirer is of the opinion that the Company has the proper and necessary qualification, experience and ability to provide car rental services to Hirer. The Hirer will also receive a copy of this Rental Agreement. The Company may change these terms and conditions at any time by revising them without prior notice. You agree to be bound by any such revisions.

Page 1 of 8