Indemnity Form

Test Drive Details			
Date & Time	Vehicle Make & Model		Vehicle Plate Number
Test Driver Details			
Name		NRIC No.	Contact No.
Vehicle Owner Details			
Name		NRIC No.	Contact No.
Declaration			
By signing below, I, the Test Driver,			
 Will indemnify the Vehicle Owner against all liabilities for claims, demands, actions, suits, losses, costs, charges, expenses, damages, death, personal injury (fatal or otherwise) caused during the test drive. 			
Will bear all loss or damage to the vehicle and any other losses, damage, cost and expenses whatsoever and howsoever caused during the test drive, without claiming from the Vehicle Owner's motor insurance.			
I hereby acknowledge that I fully understand this agreement.			
Sign for and on behalf of the test d	lriver	Sign for and on behalf of the vehic	le owner