



**IN SUMMARY COURT AT GEORGETOWN**

CAUSE NO. 230 OF 2017

**BETWEEN** Andy's Rent a Car Plaintiff

**AND** Omar Innerity Defendant

**To the Defendant**

**Omar Innerity  
#43 Artco Drive (off Shedden Rd).  
GeorgeTown  
P.O Box 30873 KY1-1204**



THIS PLAINT has been issued against you by the above –named plaintiff in respect of the claim set out on the next page.

**Within 14 days** of the service of this Plaintiff on you, counting the day of service, you must either satisfy the claim or return to the Court Office, P.O Box 495 George Town, Grand Cayman, the accompanying Acknowledgement of Service Form stating therein whether you intent to contest this action. If you intend to defend the action, in whole or in part, you must set out **full particulars of your defense** in the space provided in the Acknowledgment of Service Form.

**If you fail** to satisfy the claim or fail to return the Acknowledgement of Service Form containing full particulars of your defense, the Plaintiff may apply for **default judgment** without any further notice to you.

Issued this 16<sup>th</sup> day of November 2017.

## PARTICULARS OF CLAIM

1. The Plaintiff resides at #370 West Bay Road, Seven Mile Beach.
2. The Defendant works Island Cleaners located at #43 Artco Drive (off Shedden Rd). We do not know where the Defendant resides.
3. The Plaintiff claim against the defendant is for payment of the principal sum of CI\$1,529.98 owed to him due to outstanding balance for damages to his rental 2010 Hyundai I-10 white motor car reg #109990

## PARTICULARS

1. On Tuesday 13<sup>th</sup> June ,2017 at 11:30am , Ms. Hayman was leaving her office at Andy's Rent a Car on West Bay road to go for her lunch using vehicle reg#109990. Whilst Ms. Hayman was on Godfrey Nixon Way the Defendant was coming out from Grackle Road attempting to make a right turn resulting in the collision. Ms. Hayman at the time of the incident was 6 months pregnant.
2. Both Ms. Hayman and the Defendant came out of their vehicle to assess the damages and to see if anyone was injured. No one sustained any injuries. Ms Hayman was going to call the police. The Defendant pleaded with her not to call the police as he does not have a Driver's License and his vehicle was not insured. The Defendant showed Ms. Hayman a Jamaican Identification Card and gave the name of his work place. The Defendant promised Ms. Hayman that he would pay for the damages if the police were called. Ms Hayman then agreed not to call the police.( See Attachment)
3. On Tuesday 20<sup>th</sup> June,2017, the Plaintiff went to the Defendant's work place (Island Cleaners) asking the Defendant to come to his office to discuss method of payment and also to give the Defendant the estimate for the vehicle. The Defendant immediately requested a 2<sup>nd</sup> estimate as he thought the estimate was high.
4. On Friday 24<sup>th</sup> June 2017, the Defendant came to the Plaintiff's office at the airport. The Plaintiff gave the Defendant the 2<sup>nd</sup> Estimate as he requested. The Defendant told the Plaintiff that the cost of the repairs is too much for him and all he could afford is CI\$100.00 per month as his wages are small. The Plaintiff understood the Defendant's disposition and agreed for him to sign a Payment plan for CI\$100.00 per month as offered by the Defendant.

5. On Tuesday 15<sup>th</sup> August,2017 the Plaintiff called the Defendant to come in and sign the Payment Plan and was unsuccessful. The Plaintiff left the Defendant a message stating that he would send someone to him in order to get the Payment Plan signed if it was an issue for him to leave work. The Defendant did not reply.
6. On Friday 22<sup>nd</sup> September, 2017, the Defendant came back to the Plaintiff's office and signed the Payment Plan and also signed for liability for the damages to the vehicle reg#109990. The Defendant was to start making payments officially from September 30<sup>th</sup>,2017. ( See Attachment)
7. On Friday 20<sup>th</sup> October,2017, The Plaintiff called the Defendant letting him know that if he doesn't come in and make his payments, the Plaintiff will take matters further. The Defendant did not reply.
8. On Monday 6<sup>th</sup> November, 2017, the Plaintiff delivered by hand a letter to the Defendant's work place where Tracy Ann signed and received the letter on behalf of the Defendant. The Letter from the Plaintiff was to inform the Defendant that he has breach their agreement and the Defendant needs to come in and make his payments by November 13<sup>th</sup> ,2017 otherwise the matter will go to court. To this date the Defendant has not responded.

AND the Plaintiff claims:

1. The sum of C1\$1,529.98
2. Fixed cost of C1\$375.00 alternative cost to be assessed.

  
\_\_\_\_\_  
Plaintiff Signature

Plaintiff's Address for service

P.O Box 127 Hell West Bay,KY1-1401
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**IN THE SUMMARY COURT AT GEORGE TOWN**

**CAUSE NO. OF 2017.**

**BETWEEN** Andy's Rent a Car Plaintiff

**AND** Omar Innerity Defendant

**ACKNOWLEDGEMENT OF SERVICE**

1. State the Defendant's name and address

**Omar Innerity  
#43 Artco Drive (off Shedden Rd).  
GeorgeTown  
P.O Box 30873 KY1-1204**

2. State whether the Defendant intends to contest the action

Yes       No

3. If you do intend to contest this action, do you want time in which to pay this claim?

Yes       No

**Service of Plaintiff is acknowledged accordingly.**

(Signed) \_\_\_\_\_

Defendant's Signature

Date this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

**PARTICULARS OF DEFENSE**

(Here set out in numbered paragraphs the grounds upon which the defendant says that he is not liable to the Plaintiff, or is not liable for the full amount claimed)

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Defendant Signature

**REMINDER-** This form must be taken or sent to the Court Office, P.O Box 495GT, George Town, Gran Cayman within 14 days of receipt otherwise a Default judgment may be entered against you.

**Notes on address for Service**

Attorney: Where the Defendant is represented by an attorney, state the attorney's place of business in the Cayman Islands. A Defendant may not act by a foreign attorney.

Defendant in person: Where the defendant is acting in person, he must give his post box number and physical address of his residence or, if the Defendant does not reside in Cayman Islands, he must give an address in Grand Cayman where communication for him should be sent. In the case of a limited company,"residence" means its registered principal office.

Endorsement by Plaintiff's attorney (or by Plaintiff if suing in person) of his name and address and reference, if any in the box below.

Andy's Rent a Car  
#370 West Bay Road,  
Seven Mile Beach  
Grand Cayman

Endorsement by Defendant's Attorney (or by Defendant if suing in person) of his name, address and reference, if any, in the box below.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Andy's Rent a Car  
Plaintiff

ISSUED by Andy's Rent a Car of #370 West Bay Road, Seven mile Beach, Grand Cayman.

P.O. Box 167, Hell  
West Bay  
Grand Cayman KY1-1401  
Cayman Islands



Phone: (345) 949-8111  
Fax: (345) 949-8385  
E-mail: reservations@andys.ky

(Local)

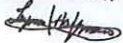
Claims Form			
Type of Collision accepted by customer: Full <input type="checkbox"/> Deductible <input type="checkbox"/> Thirdparty <input checked="" type="checkbox"/> Declined <input type="checkbox"/>			
Covered by type of Credit Card:		Insurance Carrier <u>Saxon</u>	Policy # <u>02282013-KY-015897</u>
Plate# <u>109990</u>	Make <u>Hyundai</u>	Model <u>I-10</u>	Year <u>2010</u>
Owner's name <u>Andy's Rent A Car</u>		DOB: <u>07-Mar-82</u>	
Address: <u>393 Fairbanks Rd</u>		Zip Code: <u>1009</u>	Phone#: <u>938-0040</u>
Driver's name: <u>LEYMA HAYMAN</u>		DOB:	
Cayman Driver's License # <u>349542</u>	Date of Issue: <u>10-Mar-17</u>	Expiry Date: <u>19-Mar-20</u>	
Foreign Driver's License# <u>-</u>	Date of Issue: <u>-</u>	Expiry Date: <u>-</u>	
Date of accident: <u>6/13/17</u>	Location of accident: <u>-</u>		
Time of accident: ( <u>11:30</u> ) A.M. P.M.	Type of Damage: Auto <input type="checkbox"/> Other <input type="checkbox"/>		
Extent of damage: <u>Left front fender wheel</u>			
Is vehicle driveable? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was the vehicle Towed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Speed before accident (mph): <u>15 mph</u>	Headlights on: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Police present: <u>NO</u>	
Police constable name: <u>-</u>	Passengers: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	How many: <u>-</u>	
Passenger name: <u>-</u>			
Injuries: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Taken to hospital: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Witnesses: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Witnesses name: <u>-</u>		phone#: <u>-</u>	
Claim statement			
State fully what happened at the time of the accident including, driver statement and other driver/vehicle information:			
<p><u>Was on main rd on Eastern Avenue by street light @ Blue marlin, was travelling from Eastern Avenue &amp; making a right @ <del>east</del> street light. I made a right then the vehicle (BMW 3 series) exited from Subcamp gate rd, in front of me resulting in a collision. damages sustaine. Left front fender of I-10 &amp; front bumper &amp; lights of BMW.</u></p>			
Third Party Information			
Third Party Driver's name:		phone #:	
Registration# <u>133629</u>	Make: <u>Bmw</u>	Model:	Year:
Declaration: I/WE DECLARE that these particulars are true and complete.			
Owners name	Signature	Date:	
Driver's name: <u>Omar innernity</u>	Signature	Date:	
A Copy of items that must be submitted with Claim			
Vehicle Logbook (Show's Vehicle Ownership) <input type="checkbox"/>	Owner's Driver's License or Photo ID <input type="checkbox"/>		
Driver's of the Vehicle License <input type="checkbox"/>	Vehicle Insurance <input type="checkbox"/>	Photo of Damages <input type="checkbox"/>	
One Estimate from Saxon's Direct Repair Network or a shop of your choice <input type="checkbox"/>			
For claims follow-up Giselle at <a href="mailto:claims@andys.ky">claims@andys.ky</a>			

# CAYMAN ISLANDS DRIVER'S LICENCE

LICENCE NO.	TYPE	ISSUED	EXPIRES	GROUPS	SEX
349542	Full	10-Mar-17	10-Mar-20	2	F
HEIGHT	EYE	HAIR	DOB	DISABILITY	
63	BROWN	BROWN	07-Mar-82	None	

LEYMA  
DANEL  
HAYMAN -WHITE  
393 FAIRBANKS ROAD GT  
PO BOX 10867 APO  
GRAND CAYMAN KY1-1007



  
Signature of Holder







**ANDYS AUTO LTD**

Workfile ID:

006a4676

18 Josephs Drive, West Bay, CA 00000

Phone: (345) 949-3391

**Preliminary Estimate****Customer: Andys, Rent A Car****Job Number:**

Insured: Andys, Rent A Car

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

**Owner:**Andys, Rent A Car  
(345) 949-8111 Business**Inspection Location:**ANDYS AUTO LTD  
18 Josephs Drive  
West Bay, CA 00000-0000  
Repair Facility  
(345) 949-3391 Business**Insurance Company:****VEHICLE**

2010 HYUN I10 Automatic 4D H/B 4-1.2L Gasoline MPI

VIN: MALAM51CMAM392684

Interior Color:

Mileage In:

Vehicle Out:

License: 109990

Exterior Color:

Mileage Out:

State:

Production Date:

Condition:

Job #:

**TRANSMISSION**

Automatic Transmission

Overdrive

**POWER**

Power Steering

Power Brakes

**DECOR**

Dual Mirrors

Body Side Moldings

Tinted Glass

Console/Storage

**CONVENIENCE**

Air Conditioning

Intermittent Wipers

Rear Defogger

**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

**SAFETY**

Drivers Side Air Bag

Passenger Air Bag

Front Side Impact Air Bags

Head/Curtain Air Bags

**SEATS**

Cloth Seats

Bucket Seats

Reclining/Lounge Seats

**WHEELS**

Wheel Covers

**PAINT**

Clear Coat Paint

**OTHER**

Power Trunk/Gate Release

**Preliminary Estimate**

**Customer: Andys, Rent A Car**

**Job Number:**

2010 HYUN i10 Automatic 4D H/B 4-1.2L Gasoline MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>					
2	*	Rpr Bumper cover				1.5	2.6
3		Add for Clear Coat					1.0
4		<b>FRONT LAMPS</b>					
5	*	Rpr LT Headlamp assy - Polish Out Scratches in Lense				0.8	
6		<b>FENDER</b>					
7		R&I LT R&I fender assy				1.3	
8	*	Rpr LT Fender				2.5	1.8
9		Add for Clear Coat					0.7
10		<b>FRONT DOOR</b>					
11		Blnd LT Door shell					1.0
12		R&I LT Belt w/strip				0.3	
13		R&I LT Mirror assy w/o power				0.4	
14		R&I LT Handle, outside				0.4	
15		R&I LT R&I trim panel				0.5	
<b>SUBTOTALS</b>					<b>0.00</b>	<b>7.7</b>	<b>7.1</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			0.00
Body Labor	7.7 hrs @	\$ 60.00 /hr	462.00
Paint Labor	7.1 hrs @	\$ 60.00 /hr	426.00
Paint Supplies	7.1 hrs @	\$ 35.00 /hr	248.50
Body Supplies	4.8 hrs @	\$ 3.85 /hr	18.48
Subtotal			1,154.98
<b>Grand Total</b>			<b>1,154.98</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>1,154.98</b>

Date: 06/22/2017 12:43 PM  
 Estimate ID: 818  
 Estimate Version: 0  
 Preliminary  
 Profile ID: Mitchell

## H&R AUTO BODY SHOP

10 Durham Drive, GT PO Box 10440, Grand Cayman KY1-1104  
 (345) 949-5525 ext. 4355  
 Fax: (345) 949-8615  
 Email: rodolfo.membreno@carcitycayman.com

Damage Assessed By: Rodolfo Membreno  
 Classification: Audit

Deductible: UNKNOWN

Owner: ANDY'S RENT A CAR  
 Telephone: Work Phone: (345) 949-3391

Mitchell Service: 910957

Description: 10 HYUNDAI i10  
 VIN: MALAM51CMAM392684  
 OEM/ALT: A

License: 109-990  
 Search Code: B1013311

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	002791	BDY	REPAIR	Frnt Bumper Cover	Existing		1.5* #
2	AUTO	REF	REFINISH	Frnt Bumper Cover			C 3.1 #
3	000171	BDY	REPAIR	L Fender Panel	Existing		3.0* #
4	AUTO	REF	REFINISH	L Fender Outside			C 2.0
5	001499	REF	BLEND	L Frnt Door Outside			C 1.0
6	001503	BDY	REMOVE/INSTALL	L Frnt Door Belt Moulding			0.9 #
7	001505	BDY	REMOVE/INSTALL	L Frnt Rear View Mirror			INC #
8	002802	BDY	REMOVE/INSTALL	L Frnt Door Trim Panel			INC #
9	001517	BDY	REMOVE/INSTALL	L Frnt Otr Door Handle			0.3 #
10	AUTO	REF	ADD'L OPR	Clear Coat			1.8
11	900500	REF *	REFINISH/REPAIR	L Polish Headlamp Only	Existing		0.5*
12	AUTO		ADD'L COST	Paint/Materials		294.00 *	
13	AUTO		ADD'L COST	Shop Materials		18.00 *	

\* - Judgment Item  
 # - Labor Note Applies  
 C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 06/22/2017 12:07:19 818

Mitchell Data Version: OEM: JUN\_17\_V  
 MAPP: JUN\_17\_V

Software Version: 7.1.220

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Page 1 of 2

## Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	5.7	60.00	0.00	0.00	342.00		
Refinish	8.4	60.00	0.00	0.00	504.00	Total Replacement Parts Amount	0.00
Non-Taxable Labor					846.00		
Labor Summary	14.1				846.00		
III. Additional Costs					Amount	IV. Adjustments	Amount
Non-Taxable Costs					312.00	Customer Responsibility	0.00
Total Additional Costs					312.00		
Paint Material Method: Rates Init Rate = 35.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	846.00
						II. Total Replacement Parts:	0.00
						III. Total Additional Costs:	312.00
						Gross Total:	1,158.00
						IV. Total Adjustments:	0.00
						Net Total:	1,158.00

This is a preliminary estimate.  
Additional changes to the estimate may be required for the actual repair.

Thank You For Your Business

This Is Only An Estimate Teardown Is Needed For Proper Estimate

P.O. Box 167, Hell  
West Bay  
Grand Cayman KY1-1401  
Cayman Islands



Phone: (345) 949-8111  
Fax: (345) 949-8385  
E-mail: reservations@andys.ky

(Local)

no insurance.

Claims Form			
Type of Collision accepted by customer: Full <input type="checkbox"/> Deductible <input type="checkbox"/> Thirdparty <input type="checkbox"/> Declined <input type="checkbox"/>			
Covered by type of Credit Card:		Insurance Carrier	
Policy #			
Plate# 133629	Make BMW	Model	Year
Owner's name			DOB:
Address:		Zip Code:	Phone#:
Driver's name: Omar Innerarity.			DOB:
Cayman Driver's License # -	Date of Issue: -	Expiry Date: -	
Foreign Driver's License# -	Date of Issue: -	Expiry Date: -	
Date of accident:	Location of accident: Godfrey Nixon & Grackle Rd.		
Time of accident: (6/13/17) A.M. P.M. 11:30	Type of Damage: Auto <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
Extent of damage:			
Is vehicle driveable? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was the vehicle Towed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Speed before accident (mph): -	Headlights on: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Police present: -	
Police constable name: -	Passengers: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	How many: -	
Passenger name: -			
Injuries: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Taken to hospital: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Witnesses: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Witnesses name: -			phone#:
Claim statement			
State fully what happened at the time of the accident including, driver statement and other driver/vehicle information:			
<p>X driving out of Swan Pkwy rd. onto the main road, the driver in opposite lane gave me a pass/ply my intentions were to turn right &amp; exited. But did not see the (I-10 Hyundai) coming from the stop light. from my Right Resulting in a collision. I got front bumper &amp; light damage. The Hyundai got damage to the left front fender connecting w/ bumper.</p>			
Third Party Information			
Third Party Driver's name:		phone #:	
Registration# 133629	Make: BMW	Model: 3 Series	Year: 2000
Declaration: I/WE DECLARE that these particulars are true and complete.			
Owners name: OMAR INNERARITY	Signature: X.O. Innerarity	Date: June 13/17	
Driver's name:	Signature:	Date:	
A Copy of items that must be submitted with Claim			
Vehicle Logbook (Show's Vehicle Ownership) <input type="checkbox"/>	Owner's Driver's License or Photo ID <input type="checkbox"/>		
Driver's of the Vehicle License <input type="checkbox"/>	Vehicle Insurance <input type="checkbox"/>	Photo of Damages <input type="checkbox"/>	
One Estimate from Saxon's Direct Repair Network or a shop of your choice <input type="checkbox"/>			
For claims follow-up Giselle at claims@andys.ky			

Work w/ Island Cleaners  
Supervisor John Cridland

Address: next to  
toddler decor. upstairs:  
#13

**ELECTOR REGISTRATION  
IDENTIFICATION CARD**

Name

**INNERARITY  
OMAR FELIX**

Height

**5 FT 09 in 175 cm**

Distinguishing Marks

Sex  
**M**

Date of Birth  
**05/04/1986**

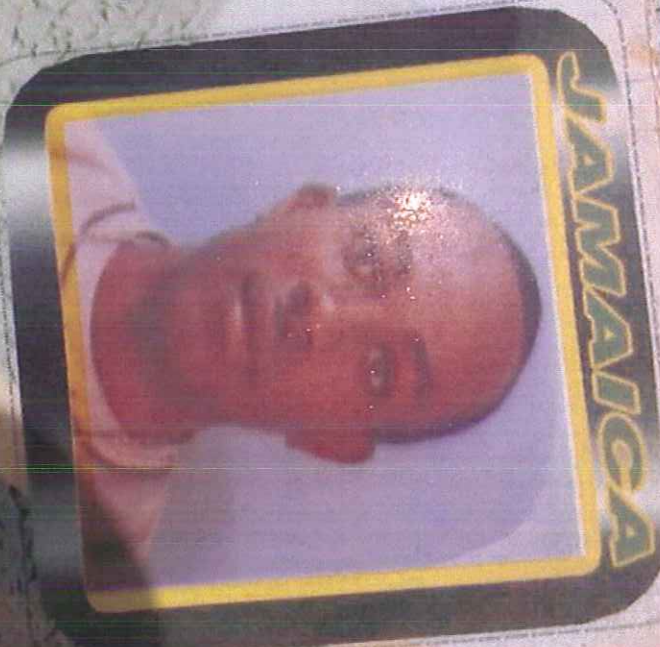
Elector Registration No.  
**1983863**

Director's Signature



Dup. No.

**1**



*OMAR INNERARITY*

Issue Date

**2009**

Expiry Date

**2014**



P.O. Box 107, Hill  
West Bay  
Grand Cayman KY1-1401  
Cayman Islands



**CAR RENTALS, LEASING & SALES**  
*At Andy's Your 7th consecutive day  
renting is ALWAYS FREE!*

Phone: (645) 940-8111  
Fax: (246) 940-8356  
E-mail: reservations@andys.ky

I, Omar Innerarity, take full responsibility for the damages caused to Andy's Rent-A-Car vehicle ( 109990 ).

I agree to pay for these damages in full ~~within 7 days~~ or a claim will be filed to my insurance company.

In the event that my insurance company does not cover the claim I am still liable for the repairs to Andy's vehicle. My signature serves as a preauthorization for Andy's Rent-a-car to charge my credit card which is imprinted on this form.

Andy's will supply 2 estimates from insurance certified Body shops.

\* willing to pay \$100.00 CI a month.\*

Signed by: Omar Innerarity Dated: 06/29/17

322-7015  
Print name and telephone #

end of month. July 2017

P.O. Box 167, Hell  
West Bay  
Grand Cayman KY1-1401  
Cayman Islands



Phone: (345) 949-8111  
Fax: (345) 949-8385  
E-mail: reservations@andys.ky

This Agreement for debt collection is made on this day of 24<sup>th</sup> of June 2017 between the following parties: Omar Innerity, with Jamaican ID#1983863 ( No Cayman License) (herein referred to as the "debtor"); and Andy's Rent A Car Ltd. (herein referred to as "ARAC").

In consideration of mutual promises herein, both parties hereby agree to following:

**Description:** ARAC agrees to this payment plan, to collect for the debt for Rental vehicle damaged by the debtor in an accident which resulted in the car being damaged on the left front fender , front bumper and damaged head light Car Licenses # 109990 2010 Hyundai I-10 White.

**Debt amount:** *CI = \$1,154.98*

**Total** *CI = \$1,154.98*

**Terms of payment**

The debtor agrees to pay a fee of CI\$100.00 per month cash commencing 30<sup>th</sup> <sup>September,</sup> August, 2017 until the debt is paid in full. Debtor also agrees that for every late payment there will be an additional charge of CI\$50.00 per month. Failure to adhere to this agreement will result in ARAC taking this matter to court.

Terms of Payment: 12 months

IN WITNESS WHEREOF;

The parties hereto, have set their hands to the Agreement on this 22<sup>nd</sup> day of ~~January~~ September., 2017

O. Innerity

Debtor  
Omar Innerity

Giselle Harford

Andy's Rent A Car  
Giselle Harford  
Claims Manager

P.O. Box 167, Hell  
West Bay  
Grand Cayman KY1-1401  
Cayman Islands



**CAR RENTALS, LEASING & SALES**  
*At Andy's Your 7th consecutive day  
renting is ALWAYS FREE!*

Phone: (345) 949-8111  
Fax: (345) 949-8385  
E-mail: reservations@andys.ky

Next of Kin:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (physical address)

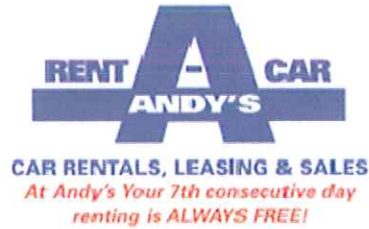
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

3:42 pm.  
Received by : Tracy Ann  
11/06/17.

P.O. Box 167, Hell  
West Bay  
Grand Cayman KY1-1401  
Cayman Islands



Phone: (345) 949-8111  
Fax: (345) 949-8385  
E-mail: reservations@andys.ky

6<sup>th</sup> November, 2017

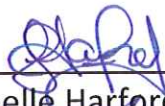
**Re: Breach of Payment Plan**

Dear: Mr.Innerity

As per your payment plan from June 24<sup>th</sup>, 2017 you are to pay Andy's' Rent a Car \$100.00 per month which you have failed to do. It has been 5 months since the accident and according to your payment, as agreed would official commence September 30<sup>th</sup>,2017 however no payments have been made.

We have been more than fair and patient with you. We have reached out to you several times in which you make promises to come in and pay. In lieu of the above, full payment of \$300.00 ( September 2017-November 2017) must be made by Monday 13<sup>th</sup> November,2017 otherwise we are going take matters to court.

Kind Regards

  
\_\_\_\_\_  
Giselle Harford  
Claims Manager  
Andy's Rent a Car