

PRIVATE VEHICLE LOAN AGREEMENT FORM

Date

From: _____ (Vehicle Owner)

To: Security Department, Fleet Activities, Yokosuka

Subj: PRIVATE VEHICLE LOAN AGREEMENT

Ref: (a) COMFLEACTINST 5800.2E

Vehicle Owner Information (車両の持ち主)

Address (住所)	Telephone # (電話)
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Vehicle Information (車両データ)

Plate Number プレート番号	Make メーカー	Year 年式	Color 色
Compulsory Insurance Co. 自賠責保険会社	Expiration Date 期限	Liability Insurance Co. 任意保険会社	Expiration Date 期限

Driver's Information (運転手の情報)

Name	Rate	Last 4 SSN
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Term of Authorization (許可の期間 (3ヶ月を超えないこと)) *Not to exceed three months

From _____

To _____

1. The driver indicated above has my permission to operate my personally owned vehicle (POV). I do have both Japanese Compulsory Insurance(JCI)and a supplemental liability insurance in an amount not less than 30,000,000 yen for bodily injury and 3,000,000 yen for property damage on this vehicle, which I agree to be used, in the event my vehicle should be involved in a traffic accident. I understand that I have the responsibility to report such accident to CFAY Security. I also understand that I, as the vehicle owner, am liable and will accept all responsibilities for any traffic accident caused by the driver, by which I may be required to pay for any damages done to person or property. 私は上記の期間の間、この運転手に上記の車両を運行する許可を与えます。私の車両は強制保険及び任意保険によって対人3000万、対物300万以上の補償があり、この運転者がその保険で担保されることに同意致します。又、この車両を運行中に、この運転者による交通事故等が起きた場合は直ちに、横須賀米軍基地保安部に報告する事を怠りません。車両の持ち主として、この運転手が事故を起こした場合、その事故で損なわれた、人身、器物に対して全面的に責任を負うことを理解致しました。

Owner's Signature

2. I, as a driver of this vehicle, do understand that I am required to report any traffic accident that I get involved while operating this vehicle to CFAY Security and the local police. I also understand that I am responsible for payments, which are not covered by the above insurance, that I may be required to pay for any damages caused by my traffic accident.

Driver's Signature

From: Security Department, Fleet Activities, Yokosuka
To: Driver

1. This vehicle loan agreement has been accepted and recorded.

Security Department