

# **SERVICE ESTIMATE**

93248 - C00001 SL: SERVICE SALES - PC

Mr Liu Yunkai

Blk 450 Jurong West Street 42  
#12-52

Singapore 640450

Closed by .... : Derek Oh Siong Wee

Svc Consultant :

Remarks ..... : Mr Liu Yunkai

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 26/04/2019

WIP No. . : 11519

Veh.In/Out: 25/04/2019

\*Tel.No. . : Mobile: 91525398

Reg.No. . : SKK6319D

Reg.date . : 29/08/2017

Mileage .. : 0

Chassis No: YV10Z40LDH2156625

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER,FRT BRACKET,FRT HEADLAMP,FRT LED LAMP,ETC	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON FRT BUMPER,FRT RH FENDER,ETC	0	2100.00	0		2,100.00	S
280	TO FOCUS HEADLAMP	0	160.00	0		160.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	480.00	0		480.00	S
	BUMPER COVER FRT XC6	1.0 EA	1624.20			1,624.20	S
	BUMPER FOAM SUPPORT	1.0 EA	216.90			216.90	S
	BUMPER BRACKET RH F X	1.0 EA	88.70			88.70	S
	BUMPER BRACKET RH F X	1.0 EA	88.70			88.70	S
	TOW COVER FRT XC60 1	1.0 EA	73.90			73.90	S
	BUMPER MOULDING RH X	1.0 EA	80.40			80.40	S
	BUMPER GRILLE LOWER	1.0 EA	171.80			171.80	S
	PROTECTING PLATE FRT	1.0 EA	642.70			642.70	S

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Chassis No: YV1DZ40LDH2156625

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	WASHER COVER RH XC60	1.0 EA	35.70			35.70	S
	WASHER COVER BRACKET	1.0 EA	84.80			84.80	S
	WASHER COVER HINGE R	1.0 EA	46.90			46.90	S
	BUMPER HINGE SPRING	2.0 EA	5.30			10.60	S
	RADIATOR GRILLE XC60	1.0 EA	745.30			745.30	S
	BUMPER UNDERTRAY FRT	1.0 EA	173.80			173.80	S
	SPRING NUT ST4 8*1 X	10.0 EA	2.60			26.00	S
	BUMPER CLIP 8x8,5	10.0 EA	5.40			54.00	S
	ADHESIVE TUBE CHEMIC	4.0 EA	151.60			606.40	S
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S
	BUMPER RAIL (BEAM) F	1.0 EA	1226.40			1,226.40	S
	*D* WELDING PRIMER	1.0 EA	350.00			350.00	S
	*D* PAINT SEALANT	1.0 EA	500.20			500.20	S
	*D* ADHESIVE SEALANT	1.0 EA	878.80			878.80	S
	HEADLAMP HID RH XC60	1.0 EA	1340.70			1,340.70	S
	LED LAMP RH XC60 14-	1.0 EA	487.00			487.00	S
	WHEELARCH FRT RH XC6	1.0 EA	183.60			183.60	S

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Reg.date. : 29/08/2017

Mileage . : 0

Chassis No: YV1DZ40LDH2156625

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	WHEELARCH PLASTIC NU	10.0 EA	6.10			61.00	S
	SIX PT SOCKET SCREW	10.0 EA	7.60			76.00	S
	BLIND RIVET 4.0*21 P	10.0 EA	3.00			30.00	S
	BUMPER CLIP S80 07~	10.0 EA	4.80			48.00	S

Gross Total.      15,175.90

Labour Total      5,140.00  
Parts Total      10,035.90  
Package Total      0.00

Net.....      15,175.90  
GST @ 7.0%      1,062.31  
Total.....      16,238.20  
Paid.....      0.00  
Please Pay..      16,238.20

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident	Date: 24.04.19 Time: 1500
Exact Location of Accident	Changi Airport T1 Basement car park

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	4K1K 6319 D
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Lin Yankai
Personal Identification - NRIC (Singaporean/PR)	S7068751 H
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model 42 60 25
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input checked="" type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	Parked
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	1700046001
Motor CI	

## DRIVER

	<input checked="" type="radio"/> Same as Insured above	
Name of Driver	Lin Yankai	
Personal Identification - NRIC (Singaporean/PR)	S7068751 H	
- FIN/Passport Number		
Date of Birth	17 dd/ 12 mm/ 1970 yy	
Driving Date Pass	04 dd/ 09 mm/ 2008 yy	
Year of Driving Experience	Year(s)	Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	91525398	

Address of Driver	B' X50 Jurong West St Y2 #12-52 No mail	Postcode (670450)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	owner	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Parked & Road Damaged		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____

#### OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	0

#### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	Refer to police report.
Police Station Address	
Police Station Contact	
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)

#### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	4K6 3211 S
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles )

## SKETCH PLAN

### 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 Authorised Driver.
3. 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.
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.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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)

I understand, 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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 agents (including their lawyers/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

**Describe Circumstance of the Accident**

Refer to police report.

**IMPORTANT NOTE**

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20190424/2132

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20190424/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/04/2019 19:46		Vide Report No.: P/20190424/0051		Station Diary No.: 197	
<b>Informant's Particulars</b>					
Name of Informant: LIU YUNKAI			Address: APT BLK 450 JURONG WEST STREET 42 #12-52 SINGAPORE 640450		
ID Type / ID No.: NRIC NO / S7068751H			Contact No.: Home/Office: Mobile: 91525398		
Nationality: CHINESE			Email:		
Sex: Male	Age: 48	Date of Birth: 17/12/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2019 15:00	Type of Location: Car Park
Location: Along Road 1 AIRPORT BOULEVARD  CHANGI AIRPORT TERMINAL 1, BASEMENT 2M CARPARK, LOT 74				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK6319D	Car	VOLVO	XC60 T5	White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK6319D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700046001	29/08/2017	28/08/2019





**SINGAPORE  
POLICE FORCE**



T/20190424/2132

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20190424/2132

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIU YUNKAI	ID No.	S7068751H
Related Vehicle	SKK6319D (Car)	Contact No.	91525398
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/4/2019 at about 1430hrs, I parked my car bearing plate no. SKK6319D at Changi Airport Terminal 1, Basement 2M carpark, Lot 74, to fetch my friend's parents. At about 1500hrs, while I was walking towards my car at the carpark, I discovered the front part of my car was damaged. I made a checked a discovered the front right headlight was damaged, there was scratches near to the front bumper of the right headlight and the front bumper was damaged. I immediately called for police assistance after I noticed the damages. I wish to add that there was no in-car camera installed in my car and I do not have suspect in mind.



SINGAPORE  
POLICE FORCE



T/20190424/2132

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20190424/2132

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

SCSGT(1) LEE JUN JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/04/2019 19:46

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp  
NP168



Signature :

Singapore Police Force

SN 126



TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 408865  
Fax: 65474749

Minor  
Hit and Run  
CASE CARD

REPORT NO.: P/20190424/0051

Traffic Accident along Changi Airport T1, B2M carpark

involving vehicles: SKK6319D and unknown vehicle

on 24/04/2019 at about 1509h am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on \_\_\_\_\_  
at about \_\_\_\_\_ am/pm to see the Investigation Officer to assist in the  
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

\* to lodge traffic  
accident police  
report NP 168 at  
any police station.

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: KP 10 F202

Contact: 6547 6206

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. 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.
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.
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 Report	25/04/2019 20:29
Date Of Accident	24/04/2019 15:00
Exact Location Of Accident	CHANGI AIRPORT T1 BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6319D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIU YUNKAI
NRIC No	S7068751H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91525398
Alternative Phone No	OTHERS-91525398

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700046001
Cover Note Number	

### Driver

Name of Driver	LIU YUNKAI
NRIC No	S7068751H
Date Of Birth	17/12/1970
Occupation	INDOOR
Date Of Driving Pass	04/09/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91525398
Fax Number	
Contact Number	OTHERS-91525398
Email Address	NOEMAIL

Address	BLK 450 JURONG WEST ST 42 #12-52
Postcode	640450
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC3211S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

**Name of Policyholder** : LIU YUNKAI null  
**Period of Insurance** : 29 Aug 2017 To 28 Aug 2019  
**Engine No.** : B4204T112024278  
**Chassis No.** : YV1DZ40LDH2156625

**Vehicle No.** : SKK6319D  
**Policy No.** : 1700046001  
**Endorsement No.** :  
**Issued Date** : 07 Sep 2017

### ABOUT THE COVER

**Make/Model** : VOLVO XC60 T5 DRIVE E  
**Engine Capacity/Tonnage** : 1,969,00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2017  
**Insuring with COE/PAFF** : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) The Policyholder
  - b) Any other person who is driving on the Policyholder's order or with his/her permission.
- This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

#### Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

LIU YUNKAI - \$800 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearn's Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OVERSEA-CHINESE BANKING CORPN LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485742

WEARNES AUTOMOTIVE - DL (V)

45 LENG KEE ROAD

SINGAPORE 159103



Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

AUTHORISED REPRESENTATIVE

Jennifer-SY Cheah

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7068751H



Name  
LIU YUNKAI  
刘运开

Race  
CHINESE

Date of birth  
17-12-1970

Sex  
M

Country of birth  
CHINA

S7068751H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee's Name: S7068751H

Name:  
LIU YUNKAI

Birth Date: 17 Dec 1970

Issue Date: 12 Aug 2009

001772686E

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NRIC No. S7068751H



Nationality  
CHINESE

Date of Issue  
07-07-2009

APT BLK 450 JURONG WEST STREET 42 #12-52  
SINGAPORE 640450

NRIC No: S7068751H Date: 13/04/2010 No: 6483015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles <= 200 cc	04 Sep 2008
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Sep 2008

NP 428A

Licence No: S7068751H