

Our ref: SLQ2M
Your ref: SLM19D222970C02/6(ec)

Date: 20 AUG 2019

To: China Taiping

Singapore _____

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. SLQ2M & SLB6166M
At/Along MCE On 24/6/19 @ 1950

I am the owner of vehicle no. SLQ2M that was involved in an accident with your insured vehicle no. SLB6166M of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

| | |
|--|----------------------------|
| 1. Cost of Repairs / Excess | \$ <u>30,798.27</u> |
| 2. Loss of Use / Rental (<u>18</u> days @ \$ <u>192.60</u> per day) | \$ <u>3466.80</u> |
| 3. LTA/GIA Search Fee | \$ <u>2.00</u> |
| 4. GIA Report Fee | \$ _____ |
| 5. Others | \$ _____ |
| Total: | \$ <u>34,267.07</u> |

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: 67714353 (Mr Yik Chan Hoe) / 67714304 (Ms Amanda Ang).

I hereby give full authority to **CYCLE & CARRIAGE INDUSTRIES PTE LTD** and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully


Name & Signature


Address: C/o. 188 Pandan Loop Singapore 128378
Cc: Mr Yik Chan Hoe/ Ms Amanda Ang
E-mail: chanhoe.yik@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg
Fax No. 67795383



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

| Invoice Name & Address | | | | Owner Name & Vehicle Info | | |
|--|--------|-------------------|-----|---------------------------|------------------------------------|------------------------|
| CHINA TAIPING INSURANCE (S) PTE LTD ATTN: MOTOR CLAIM DEPARTMENT 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909 Contact No 62222366  | | | | Cust No/Name | /Wang Li Yun | |
| | | | | Reg No/Reg Date | SLQ2M | / 16/09/2014 |
| | | | | Date In/Mileage | 28/06/2019/ | 86500 |
| | | | | Chassis No | WDD2221652A105723 | |
| | | | | Engine No | 27682430100628 | |
| | | | | Make/Model | MB/S 400 L BlueEFFICIENCY SE | |
| | | | | Colour/Trim | 021 197 Obsidian Bl/ 048 801 Black | |
| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | Invoice/Credit Note No |
| WC000668 | Credit | 16/08/2019/ 15:47 | YK | 395 / Yik Chan Hoe | 34567 | 28156934 |
| Description of Goods / Services | | | | Qty | Unit Price S\$ | Amount S\$ |
| Z REQUEST Customer Request | | | | | | F.O.C. |
| M BPNSUN POLICY NO/ACC DATE : 5101114322 // 24/06/2019 DRIVE IN/TP VEHICLE NO. : 24/06/2019 // SLB6166M CHINA TAIPING DATE IN/DATE SURVEY: 28/06/2019 @ 1230 // RASUL LKK BY/AUTHORIZED ON : DIRECT SETTLEMENT // ALFRED TOH CHINA TAIPING | | | | | | |
| A BPILAB PANEL BEATING TO REPAIR AFFECTED AREAS, REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH | | | | | | 4800.00 |
| A BPIRES RESPRAY BOOT LID, REAR BUMPER AND REAR END PANEL | | | | | | 1800.00 |
| A BPILAB USING XENTRY SYSTEM TO CHECK CONTROL UNITS, RESET SYSTEM TO STANDARD SETTINGS | | | | | | 480.00 |
| A BPILAB CHECK REAR LIGHTING SYSTEM AND CONDUCT WATER TEST FOR ANY LEAKAGE | | | | | | 120.00 |
| A BPILAB REMOVE AND REFIT REAR UPHOLSTERY, TRIMS GARNISHS, TRIMS BOARDS AND SEATS CUSHIONS FOR NEC. REPAIRS | | | | | | 960.00 |
| A BPILAB PLACE VEHICLE ON CELETTE BENCH TO CONDUCT CHASSIS & STRUCTURE ALIGNMEN | | | | | 0.07 | 1000.00 |
| A BPILAB REMOVE UNDERCARRIAGE FROM VEHICLE FOR THE REPLACEMENT OF COMPONENTS | | | | | | 1920.00 |
| A BPILAB INSPECT & CONDUCT OPTICAL WHEEL ALIGNMENT | | | | | | 540.00 |
| A BPILAB REMOVE & REPLACE EXHAUST SYSTEM / MUFFLER | | | | | | 420.00 |
| X REAR BUMPER FOG LAMP | | | | 1.00 | 274.59 | 274.59 |
| X REAR PTS SPACER RING | | | | 6.00 | 6.35 | 38.10 |
| X CLIP-TYPE NUT | | | | 2.00 | 3.80 | 7.60 |

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

| Invoice Name & Address | Owner Name & Vehicle Info |
|---|---|
| CHINA TAIPING INSURANCE (S) PTE LTD ATTN: MOTOR CLAIM DEPARTMENT 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909 Contact No 62222366 | Cust No/Name /Wang Li Yun Reg No/Reg Date SLQ2M / 16/09/2014 Date In/Mileage 28/06/2019/ 86500 Chassis No WDD2221652A105723 Engine No 27682430100628 Make/Model MB/S 400 L BlueEFFICIENCY SE Colour/Trim 021 197 Obsidian Bl/ 048 801 Black |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | Invoice/Credit Note No |
|------------|--------|-------------------|-----|--------------------|--------|------------------------|
| WC000668 | Credit | 16/08/2019/ 15:47 | YK | 395 / Yik Chan Hoe | 34567 | 28156934 |

| Description of Goods / Services | Qty | Unit Price S\$ | Amount S\$ |
|---|-------|----------------|------------|
| X BOOT LID CHROME MOULDING | 1.00 | 176.08 | 176.08 |
| X BOOT LID MERCEDES STAR | 1.00 | 47.69 | 47.69 |
| X MB STAR GROMMET | 3.00 | 2.51 | 7.53 |
| X BOOT LID S400 MODEL PLATE | 1.00 | 83.72 | 83.72 |
| X BOOT LID LOCK | 1.00 | 813.78 | 813.78 |
| X LEFT REAR LAMP COMBINATION | 1.00 | 1048.20 | 1048.20 |
| X RIGHT REAR LAMP COMBINATION | 1.00 | 1048.20 | 1048.20 |
| X REAR CROSS MEMBER | 1.00 | 1140.89 | 1140.89 |
| X REAR END PANEL | 1.00 | 727.93 | 727.93 |
| X TS TWO-COMPONENT ADHESIVE | 1.00 | 776.81 | 776.81 |
| X REAR BUMPER | 1.00 | 2649.27 | 2649.27 |
| X REAR BUMPER LOWER | 1.00 | 666.54 | 666.54 |
| X REAR BUMPER UNDER BRACKET | 1.00 | 182.04 | 182.04 |
| X REAR SWITCH MODULE | 1.00 | 121.95 | 121.95 |
| X REAR SWITCH MODULE CODE B | 1.00 | 122.99 | 122.99 |
| X REAR BASIC MOUNTING FOR BUMPER | 1.00 | 125.09 | 125.09 |
| X LEFT REAR BUMPER MOUNTING RAIL | 1.00 | 82.46 | 82.46 |
| X RIGHT REAR BUMPER MOUNTING RAIL | 1.00 | 82.78 | 82.78 |
| X REAR DISTANCE SENSOR | 3.00 | 176.11 | 528.33 |
| X LEFT EXHAUST CHROME COVER BRACKET | 1.00 | 78.85 | 78.85 |
| X LEFT EXHAUST CHROME COVER | 1.00 | 933.72 | 933.72 |
| X REAR BUMPER ELECTRICAL WIRING HARNESS | 1.00 | 411.27 | 411.27 |
| X LEFT REAR BUMPER MOUNTING RAIL | 1.00 | 21.80 | 21.80 |
| X [STR] RIVET | 6.00 | 3.17 | 19.02 |
| X RIVET | 48.00 | 2.51 | 120.48 |
| X RIVET | 9.00 | 5.69 | 51.21 |
| X BLIND RIVET | 36.00 | 1.29 | 46.44 |
| X SEAM SEAL | 2.00 | 104.99 | 209.98 |
| X REAR BUMPER LOWER DISFUSER | 1.00 | 624.73 | 624.73 |
| X REAR SWITCHING MODULE CODE A | 1.00 | 307.73 | 307.73 |
| X LEFT REAR EXHAUST MUFFLER | 1.00 | 2909.48 | 2909.48 |
| X REAR BUMPER LOWER CHROME TRIM STRIP | 1.00 | 208.40 | 208.40 |
| X LEFT REAR BUMPER REFLECTOR | 1.00 | 47.75 | 47.75 |

Cycle & Carriage celebrates 120 years.
Visit www.cyclecarriage.com/120 for more info!

| | | | |
|-----------------|-----------|---------------|-----------|
| Parts | 16,743.43 | Nett | 28,783.43 |
| Labour | 12,040.00 | 7% GST on | 28783.43 |
| Standard Menu | 0.00 | | 2014.84 |
| Specialist Job | 0.00 | | |
| Diagnostics Job | 0.00 | Total Payable | 30,798.27 |
| Sundry/Others | 0.00 | Paid | 0.00 |
| Total(w/o GST) | 28,783.43 | Total Due | 30,798.27 |

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Pandan Loop Service Center
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Singapore 128378
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www.mercedes-benz.com.sg



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FLEXI-DRIVE ENTERPRISE

Tel: (65) 6292 5455 Fax: (65) 6292 2866 e-mail: sales@wellscope.com.sg

H/Phone : 9667 5455 (24 Hrs)

INVOICE

RA : 08997

| | | | | | | | |
|---|--|-------------------|--|-----------------------------|--|---|--|
| V. A. No. | | Vehicle Regn. No. | | Model Type | | Renting Location | |
| | | SKE425AB | | MB E200 | | CCL Pandan Loop | |
| Reference | | | | Agreed Return Date | | 5 Hours = 1 Day Rental (1 Day Rental ÷ 5 = 1 Hour Extension) | |
| \$ 192.60 X 18 Day | | | | KM In | | Time / Date In 1600 / 19/7/19 | |
| \$ per Day \$ per | | | | KM Out 96975 | | Time / Date Out 1530 / 1/7/19 | |
| \$ per Week \$ per | | | | KM Drvn | | Total / Time Chargeable | |
| \$ per Month Cts per Kilometre | | | | Rental Charges | | Dollars Cents | |
| Hirer's Name Wang Liyun | | | | Total 18 Days Rental | | 8192.60 X 18 Day | |
| Address BIK 232 Yishun St. 21 | | | | | | | |
| #21-538 8780232 | | | | | | | |
| I/C No. S7167318I | | | | | | | |
| Reference Contact | | | | Tel. No. 96627433 | | | |
| Driver's Name | | | | Passport / IC No. / Country | | | |
| Address | | | | | | | |
| Driving Licence No. | | | | Expiry | | Issued by | |
| Additional Driver | | | | Tel. No. (Home) | | | |
| Address | | | | Passport / IC No. / Country | | | |
| Driving Licence No. | | | | Expiry | | Issued by | |
| Method of Payment | | | | By: (Name in Block Letters) | | CASH CHEQUE | |
| TO: CYCLE & MARIAGE LTD | | | | Amount Due / Refundable | | | |
| 188 Pandan Loop | | | | Refund Received \$ | | by receiver X | |
| - RATES QUOTED ARE FOR USE IN SINGAPORE ONLY. | | | | Out by | | In by | |
| - THE HIRER IS SOLELY RESPONSIBLE FOR BREACH OF TRAFFIC LAWS AND ANY PARKING FINES OR SURCHARGES DURING PERIOD OF HIRE. | | | | FRONT | | FRONT | |
| Hirer's signature signifies acceptance of agreement | | | | LH RH | | LH RH | |
| X Hirer's Signature / Company Stamp | | | | REAR | | REAR | |
| Remarks Goodwill upgrade from Toyota Camry to E200. | | | | CAR | | MPV | |

NE: Please notify our office should there be any accident involving this hired vehicle as soon as possible.

Yik Chan Hoe

From:
Sent:
To:
Subject:

Amanda Ang
Tuesday, 25 June, 2019 3:05 PM
Yik Chan Hoe
Emailing: SLB6166M



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-101195
Date of Request: 25/06/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date: 25/06/2019
Enquiry By: Ang Ying Chun
TP Vehicle No.: SLB6166M
Accident Date: 24/06/2019

| Enquiry Result | | Period of Insurance | Insurer Tel. No. |
|----------------|---|-----------------------|------------------|
| TP Vehicle No. | Insurer | | |
| SLB6166M | China Taiping Insurance (Singapore) Pte. Ltd. | 13/06/2019-12/06/2020 | 6389 6111 |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
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TAX INVOICE

Our Ref No: GR-19-101195
Date of Request: 25/06/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date 25/06/2019
Enquiry By Ang Ying Chun
TP Vehicle No. SLB6166M
Accident Date 24/06/2019

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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 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 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 | 25/06/2019 14:21 |
| Date Of Accident | 24/06/2019 19:50 |
| Exact Location Of Accident | MCE TWD CHANGI |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLQ2M |
| Insured/Policyholder | |
| Name Of Registered Owner | WANG LIYUN |
| NRIC No | S7167318I |
| Email Address | ETWOIRENE@ME.COM |
| Mobile Phone No | (LOCAL) +65-96627433 |
| Alternative Phone No | OFFICE-96627433 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | S400L-3.0 (A) |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5101114322 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WANG LIYUN |
| NRIC No | S7167318I |
| Date Of Birth | 05/01/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/04/2007 |
| Driving Experience | 12 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96627433 |
| Fax Number | |
| Contact Number | OFFICE-96627433 |
| Email Address | ETWOIRENE@ME.COM |

Address BLK 232 YISHUN ST 21 #11-538
Postcode 780232
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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?
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) 4
Passenger 1 NAME: : FRIEND
GENDER: : MALE

Passenger 2 NAME: : FRIEND
GENDER: : MALE

Passenger 3 NAME: : FRIEND
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLANS

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 SLB6166M
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

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

MCE TOWARD CHANGI.

[B] > [A]

A: SLG 2 M

B: SLB 6166 M.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on Lane 1 along MCE toward Changi. I applied emergency brake when a car cut in to my lane and jammed brake.

Suddenly vehicle No SLB 6166 M travelling behind me collided on to the rear of my vehicle

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2


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 Police for investigation.
6. 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 lodgment 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' lawyers/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 agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Go to page 1 of 12

REPUBLIC OF SINGAPORE DRIVING LICENCE

S71673181

WANG LIYUN

05 Jan 1971

02 Aug 2016

002092838A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S71673181

Name
WANG LIYUN

王丽云

Race
CHINESE

Date of birth
05-01-1971

Sex
F

Country of birth
CHINA





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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 13 Apr 2007
with <= 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals <= 2500kg

NP 428A

Licence No: S71673181



BS15607

NRIC No: S71673181

Nationality
CHINESE

Date of issue
27-03-2008

APT BLK 232 YISHUN STREET 21 #11-538
SINGAPORE 760232

NRIC No: S71673181 **Date: 11/03/2016**