



**WITHOUT PREJUDICE**

Our Ref: SLA 9669P

Your Ref: SMJ 9419K

14<sup>th</sup> July 2020

**ATTN:** LKK Auto Consultants Pte Ltd  
**INSURER:** AIG Asia Pacific Insurance Pte Ltd

Dear Khanchna,

**Accident Involving:** SLA 9669P and SMJ 9419K  
**Date of Accident:** 15 September 2019  
**Location of Accident:** 772 Yishun Ave 3 Open Space Carpark

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$	6,100.00	
TOTAL LOR/U DAYS	9 DAYS	2 Days PRS (16/17 Sep) + 6 Repair Days Agreed (18/19/20/21/23/24 Sep) + 1 Sunday (22 Sep)	
Add Loss of Rental	\$	840.00	7 Days - Inv#TAP9669P-162/0434
Add Loss of Use	\$	200.00	2 Days
Total	\$	7,140.00	
Add 3rd Party Report Fee	\$	29.00	
Add LTA Search Fee	\$	7.45	
<b>GRAND TOTAL</b>	<b>\$</b>	<b>7,176.45</b>	

Kindly pay the Grand Total Amount of **\$7,176.45** to:

**Team AutoPro Pte Ltd**  
160 Sin Ming Drive #02-12  
Sin Ming AutoCity  
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautooffice@gmail.com

Thank you.

  
Regards,  
Adel (Ms)

**Team AutoPro Pte Ltd** Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722  
Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautop1@gmail.com

# PROFORMA INVOICE

**ATTENTION:**

Fan Sheng Yong

PI Number	P2007-0947
PI Date	14-Jul-2020
Vehicle No.	SLA 9669P
Accident Date	15-Sep-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SLA 9669P	COR Lump Sum		\$ 6,100.00

**Notes:**

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$ 6,100.00
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Authorized Signature





160 Sin Ming Drive #02-12  
Sin Ming AutoCity  
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956  
teamautooffice@gmail.com / teamautopl@gmail.com

## THIS IS YOUR INVOICE

Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.

INVOICE DATE: 23-Sep-19

INVOICE NOS: TAP9669P-162/0434

Your Reference: SLA 9669P

Our Reference: SKL 1557K

**Billed To:** Fan Sheng Yong

**Address:** 771 Yishun Ave 3 #05-241 S'760771

**Invoice Type:** Rental

INVOICE TOTAL IN SGD

\$ 840.00

### DESCRIPTION

### AMOUNT (\$\$)

Leasing of Vehicle Number:	SKL 1557K	\$ 840.00
Rental Rate Per Day:	\$120.00	
Rental Duration:	7	
Commencement Date:	16/9/2019	
Ceasement Date:	23/9/2019	

Discount \$ -

Amount Due \$ 840.00

### COMMENTS

1. Total payment due in 30 days.
  2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
  3. Please include our invoice number at the back of your cheque.
- Free Upgrade

For Team Auto Pro Pte Ltd



Signature & Stamp

### PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)  
Page 1 of 1





# RENTAL AGREEMENT

RA/201909/162

HIRER'S PARTICULAR		Vehicle No / Model	Rental Vehicle No / Model
Name:	Fan sheng yong	SLA9669P T-Harrier	SKL1557K vw Jetta
NRIC/Passport No:	S2759568E	Date / Time Out:	Date / Time In:
Driving Licence No:	Exp:	16/09/2019 10am	2:30PM 23/09/19
Address:	771 YISHUN AVE3 #05-241 S760771	Fuel Tank Level	
Tel:			
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES	
Name:		TOTAL S\$	
NRIC/Passport No:		Hour @	per hour
Driving Licence No:	Exp:	7 Days @ \$120	per days \$840
Address:		Weeks @	per week
Tel:		Months @	per month
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Additional Payable:	
		SUBTOTAL Payable: \$840	
		DEPOSIT AMOUNT PAID	DEPOSIT AMOUNT REFUNDED / Date
		Mode of Payment	
		ADDITIONAL REMARKS	
<b>Physical Damage Excess</b>		<b>ACKNOWLEDGEMENT</b>	
Singapore - Own Damage	\$2,000		
Singapore - 3rd Party Damage	\$2,000		
Malaysia ( If applicable)	\$8,000		
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	\$3,000 ( Additional )		
<b>IMPORTANT NOTE :</b>		<b>HIRER'S DECLARATION:</b> I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.	
1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.		 HIRER Signature / Date 	
2. Only persons above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.			
3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of TeamAutoPro Pte Ltd.			
4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.			
5. In case of accident, the hirer shall report to TeamAutoPro Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours		Authorized Signatory On Behalf of TeamAutoPro Pte Ltd	

## TAX INVOICE

Our Ref No: GR-19-152634  
Date of Request: 17/09/2019

Your Ref No: WALK IN LEE

TEAM AUTOPRO PTE LTD - SIN MING  
160 SIN MING DRIVE #01-14 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: SLA9669P  
Date of Accident: 15/09/2019  
Place of Accident: 772 YISHUN AVE 3  
Involving Vehicle No: SMJ9419K

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-19-152635  
Date of Request: 17/09/2019

Your Ref No: WALK IN LEE

TEAM AUTOPRO PTE LTD - SIN MING  
160 SIN MING DRIVE #01-14 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 15/09/2019  
Vehicle No: SLA9669P  
Place of Accident: 772 YISHUN AVE 3 OPEN SPACE CARPARK  
Involving Vehicle No: SMJ9419K

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMJ9419K	772 YISHUN AVE 3 OPEN SPACE CARPARK	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

&gt; Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 16 Sep 2019 / 10:57:23

Receipt Date/Time : 16 Sep 2019 / 10:57:23

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190916-000859

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SMJ9419K

As at 15 Sep 2019/15:05:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - SMJ9419K Enquiry Fee 20190916105604495288	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

xxxxxxxxxxxx8855	Credit Card: Visa/MasterCard	7.45
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<b>Total</b>		7.45
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<b>Cash Change</b>		0.00
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<b>Tendered Amount</b>		7.45
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<b>Excess Refundable Amount</b>		0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

To : **Team AutoPro Pte Ltd**  
CRN : **201811621K**  
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

**Letter of Authorization & Undertaking**

In Respect of Accident Involving my/our Vehicle No.: SLA 9669 P  
and SMJ 9419 K and .....  
and ..... and .....  
@ 772 YISHUN AVE 3 OPEN SPACE CAR PARK  
dated 15/09/2019

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

Date: .....



## 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	16/09/2019 16:22
Date Of Accident	15/09/2019 15:05
Exact Location Of Accident	772 YISHUN AVE 3 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9669P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FAN SHENGYONG
NRIC No	S2759568E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90919669
Alternative Phone No	OTHERS-90919669

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5099744621-01
Cover Note Number	

### Driver

Name of Driver	FAN SHENGYONG
NRIC No	S2759568E
Date Of Birth	20/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90919669
Fax Number	
Contact Number	OTHERS-90919669
EEmail Address	NOEMAIL

Address	BLK 771 YISHUN AVE 3 #05-241
Postcode	760771
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	COLLISION - MAJOR/MINOR RD
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)	1

#### 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 ATTACHED - TYPE OF ACCIDENT - HEAD TO SIDE CARPARK CASE

#### 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	SMJ9419K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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)**

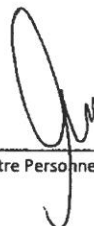
I understand, acknowledge, agree and consent that:

- (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.



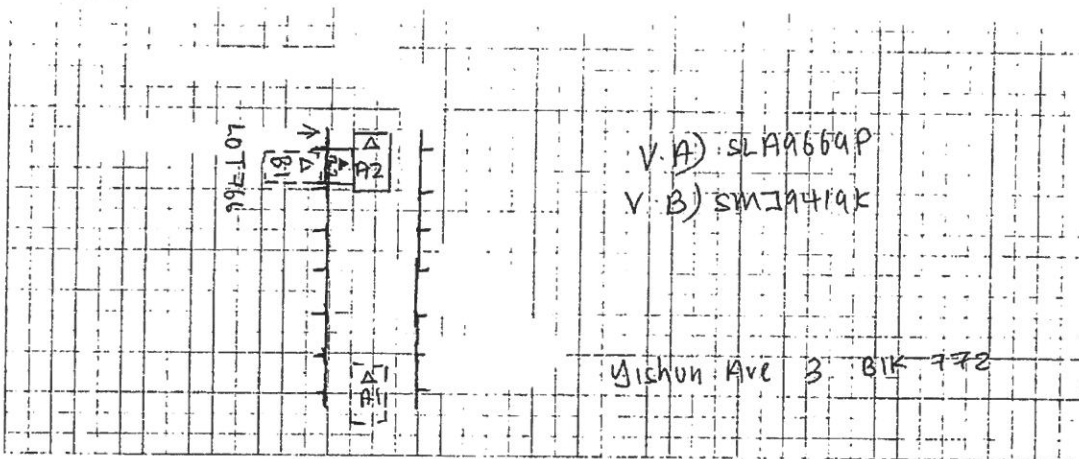
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

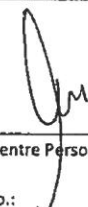
On the stated date and time, I vehicle 'A' SLA9664P was travelling on the stated venue. I was travelling straight in my lane, suddenly vehicle 'B' SMJ9419K from the parking lot exited out without checking had collided against my entire vehicle left portion. The accident caused my rear bumper buldge, my rims and tyre were damaged too. While his damage was on the front and front right.

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.:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5099744621-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLA9669P**  
Chassis Number : ZSU600070953
2. Name of Policyholder : **FAN SHENGYONG**
3. Effective Date of Insurance : **01 Mar 2019**
4. Expiry Date of Insurance : **29 Feb 2020**
5. Persons 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.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: FAN SHENGYONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

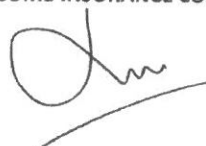
Agency : ABWIN PTE LTD (00000614234)  
Date of Issue : 14 Feb 2019 16:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2759568E



Name  
FAN SHENGYONG



范 胜 勇

Race  
CHINESE

Date of birth  
20-12-1967

Sex  
M

Country/Place of birth  
CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2759568E

FAN SHENGYONG


Valid Date: 20 Dec 1967

Issue Date: 03 Mar 2011




001942565F

9439047



NRIC No. S2759568E



Nationality  
CHINESE

Date of issue  
31-03-2017

Address  
APT BLK 771 YISHUN AVENUE 3  
#05-241  
SINGAPORE 760771

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 03 Mar 2011

NP 428A

Licence No. S2759568E

