



WITHOUT PREJUDICE

Our Ref: SGS 7761H

Your Ref: SKF 9036B

28th May 2020

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

Dear Asher,

Accident Involving: SGS 7761H and SKF 9036B
Date of Accident: 30 March 2020
Location of Accident: 119 Aljunied Crescent Open Carpark Lot 110

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

Cost of Repair as agreed	\$	2,650.00	
TOTAL LOR/U DAYS	10 DAYS	2+1 Days PRS (6/7/8 Apr) + 5 Repair Days Agreed (9/11/13/14/15 Apr) + 1 PH (10 Apr : Good Fri) + 1 Sunday (12 Apr)	
Add Loss of Rental	\$	320.00	2 Days - Inv#TAP7761H-267/0898
Add Loss of Use	\$	800.00	8 Days
GRAND TOTAL	\$	3,770.00	

Kindly pay the Grand Total Amount of **\$3,770.00** 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: teamautoffice@gmail.com

Thank you.


Regards,
Adel (Ms)

PROFORMA INVOICE

**ATTENTION:**

Ho Shyan Shiah

PI Number	P2005-0873
PI Date	28-May-2020
Vehicle No.	SGS 7761H
Accident Date	30-Mar-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SGS 7761H	COR Lump Sum		\$ 2,650.00

Notes:

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

Total Amount	\$ 2,650.00
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Authorized Signature

A blue ink signature is written over a circular blue stamp. The stamp contains the text "TEAM AUTO PRO" in a bold, sans-serif font, with "Reg no: 201811621K" written in a smaller font below it.



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

Tel: 6258 1955 Fax: 6 258 1956
teamautoffice@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: 18-Apr-20

INVOICE NOS: TAP7761H-267/0898

Your Reference: SGS 7761H

Our Reference: SJQ 262C

Billed To: Ho Shyan Shiah

Address: 118 Bedok Reservoir Rd #03-76 S'470118

Invoice Type: Rental

INVOICE TOTAL IN SGD

\$ 320.00

DESCRIPTION

AMOUNT (\$\$)

Leasing of Vehicle Number:	SJQ 262C	\$	320.00
Rental Rate Per Day:	\$160.00		
Rental Duration:	2		
Commencement Date:	16/4/2020		
Ceasement Date:	18/4/2020		

Discount	\$	-
Amount Due	\$	320.00

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.

For Team Auto Pro Pte Ltd

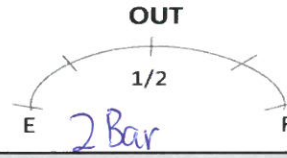
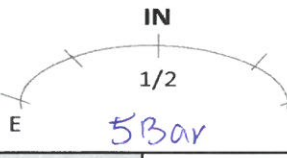
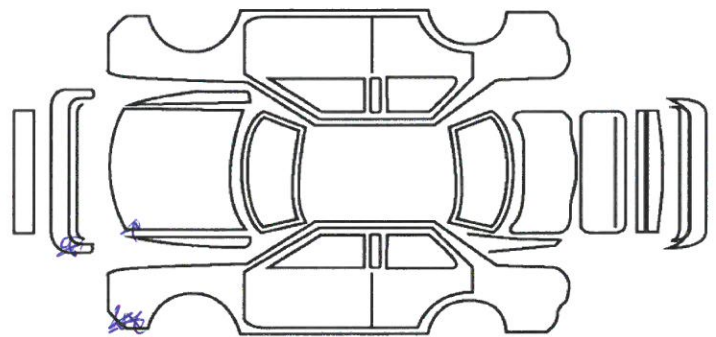
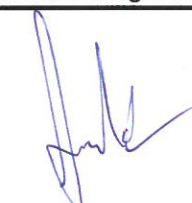
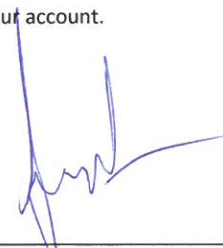



Signature & Stamp

PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)
Page 1 of 1

HIRER'S PARTICULAR		Vehicle No / Model		Rental Vehicle No / Model	
Name: <u>Ho Shyan Shiah</u>		<u>SG1577614 Hqccor</u>		<u>SJQ262C Honda Civic</u>	
NRIC/Passport No: <u>S7905150J</u>		Date / Time Out:		Date / Time In:	
Driving Licence No: _____ Exp: _____		<u>16/04/2020 4pm</u>		<u>18/04/2020 11am</u>	
Address: <u>118 Bedok Reservoir rd</u> <u>#03-76 S'pore 47018</u>		Fuel Tank Level <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> OUT  </div> <div style="text-align: center;"> IN  </div> </div>			
Tel: _____					
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES			
Name: _____					TOTAL S\$
NRIC/Passport No: _____		Hour @		per hour	
Driving Licence No: _____ Exp: _____		<u>2</u> Days @ <u>\$160</u>		per days	<u>\$320</u>
Address: _____		Weeks @		per week	
Tel: _____		Months @		per month	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Additional Payable: _____ SUBTOTAL Payable: <u>\$320</u>			
		DEPOSIT AMOUNT PAID		DEPOSIT AMOUNT REFUNDED / Date	
		Mode of Payment			
		ADDITIONAL REMARKS			
Physical Damage Excess		Acknowledgement		HIRER'S DECLARATION: 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.	
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)				
IMPORTANT NOTE :					
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.					
2. Only persons above 23 years of age with more than 2years 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 			

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

Letter of Authorization & Undertaking

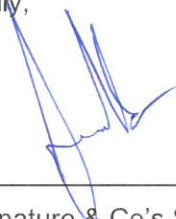
In Respect of Accident Involving my/our Vehicle No.: SGS 7761 H
and SKF 9036 B and _____
and _____ and _____
@ 119 Aljunied Crescent Open carpark Lot 110
dated 30/03/2020

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	30/03/2020 19:59
Date Of Accident	30/03/2020 10:00
Exact Location Of Accident	119 ALJUNIED CRESCENT OPEN CARPARK LOT 110
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS7761H
Insured/Policyholder	
Name Of Registered Owner	HO SHYAN SHIAH
NRIC No	SXXXX150J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97405723
Alternative Phone No	OFFICE-97405723

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD 2.0A
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA385623/1
Cover Note Number	

Driver

Name of Driver	HO SHYAN SHIAH
NRIC No	SXXXX150J
Date Of Birth	16/02/1979
Occupation	INDOOR
Date Of Driving Pass	12/11/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97405723
Fax Number	
Contact Number	OFFICE-97405723
EEmail Address	NOEMAIL

Address	APT BLK 118 BEDOK RESERVOIR ROAD #03-76
Postcode	470118
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF9036B
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

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: _____

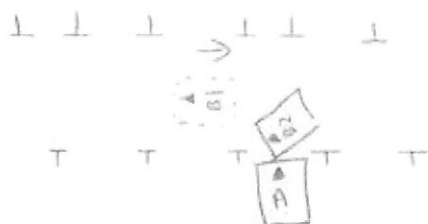
Sketch Plan #2

SKETCH PLAN

Blk 119 Aljund crescent
open carpark lot 110

Vehicle A: SG-S 7761H

Vernicle B: SKF 9036 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T	20200330	2049
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Would like to state that my vehicle is parked stationary in the parking lot

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: _____
Title/Title No: _____

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200330/2049

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200330/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2020 13:52	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: HO SHYAN SHIAH			Address: APT BLK 118 BEDOK RESERVOIR ROAD #03-76 SINGAPORE 470118		
ID Type / ID No.: NRIC NO / S7905150J			Contact No.: Home/Office: Mobile: 97405723		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 16/02/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ADVERTISING PROJECT EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2020 10:00	Type of Location: Car Park
Location: Along Road 1 GEYLANG EAST CENTRAL				
Open carpark				
Weather:		Road Surface:	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
SGS7761H	Car	HONDA	ACCORD 2.0 A	Brown		0
SKF9036B	Car	VOLVO	XC60 T5 2.0 VOR AT ABS D/AB 5DR	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200330/2049

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20200330/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGS7761H	AXA INSURANCE SINGAPORE PTE LTD	GA385623	23/09/2019	22/09/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO SHYAN SHIAH		ID No. S7905150J
Related Vehicle	SGS7761H (Car)		Contact No. 97405723
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 30/03/2020 at about 0900hrs, I parked my vehicle SGS7761H at the open car park of Geylang Polyclinic. I then left my car in the lot.

On the same day at about 1130hrs, I came back to my car and drove off.

On the same day at about 1200hrs, I was at Sengkang Shell station to pump fuel. I then saw a damage to my car front bumper and license plate.

On the same day at about 1210hrs, I parked my car at B/261 Sengkang East Way to check my camera and saw that the said car SKF9036B had bump into my car while trying to reverse to the opposite lot.

I wish to state that no note and no contact number was left behind.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200330/2049

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200330/2049

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: F / Staff Sgt JOSHUA KWEK YONG CHEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2020 13:52
Officer In Charge Of Case: TP / HRT / Sr. Staff Sgt ILMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP 168	
Signature:	
Singapore Police Force	



redefining / insurance

AXA Insurance Pte Ltd
☎ 1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
📠 (65) 6880 4740
✉ customer.care@axa.com.sg
💻 www.axa.com.sg

Certificate of Insurance

account number
11517

-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)

Policy details

Policyholder name	HO SHYAN SHIAH(HE XIANXIA)	Certificate number	GA385623 / 1
Cover	Comprehensive	Chassis number	CL73203215
Plan name	Peace	Engine number	K20A6043728
NCD applicable	10%		
Vehicle registration number	SGS7761H		
Period of Insurance	from 23/09/2019 to 22/09/2020 (both dates inclusive)		
Finance loan company	HONG LEONG FINANCE LIMITED		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, 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; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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	Basic Own Damage Excess	SGD 500.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

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

AXA Insurance Pte Ltd



Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7905150J



Name
HO SHYAN SHIAH
(HE XIANXIA)
何 贤 夏

Race
CHINESE

Date of birth
16-02-1979

Sex
M

Country/Place of birth
SINGAPORE

S7905150J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7905150J


Name: HO SHYAN SHIAH
(HE XIANXIA)

Birth Date: 16 Feb 1979


Issue Date: 06 Jul 2018



002820942C



NRIC No. S7905150J



Date of issue
09-07-2018

Address
APT BLK 118 BEDOK RESERVOIR ROAD
#03-76
SINGAPORE 470118

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE 12 Nov 2007

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

NP 428A

Licence No: S7905150J

