WITHOUT PREJUDICE

Our Ref: GBK 4718E
Your Ref: SLQ 5592T - S1M036FR

27th April 2021

ATTN: **LKK Auto Consultants Pte Ltd**
INSURER: **AXA Insurance Pte Ltd**

Dear Veron,

Accident Involving: GBK 4718E and SLQ 5592T
Date of Accident: 24 March 2021
Location of Accident: Along Orchard Road

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

Cost of Repair Inc. GST	$	695.50	$650 COR + $45.50 GST 7%
Add Loss of Rental	$	240.00	2 Days : Inv#CLM21008
Add Loss of Use	$	300.00	3 Days
Total	$	1,235.50	
Add GIA Report Fee	$	29.00	
GRAND TOTAL	**$**	**1,264.50**	

Kindly pay the Grand Total Amount of **$1,264.50** 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.

TEAM AUTOPRO PTE. LTD. Reg no: 201811621K

Regards
Adel (Ms)

PROFORMA INVOICE

ATTENTION:
333 Delivery

PI Number	**P2104-2146**
PI Date	27-Apr-2021
Vehicle No.	GBK 4718E
Accident Date	24-Mar-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. GBK 4718E	COR Lump Sum		$ 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	$	650.00
GST 7%	$	45.50
GRAND TOTAL AMOUNT	$	695.50

Authorized Signature

TEAM AUTOPRO PTE. LTD. Reg no: 201811621K

TEAM AUTOPRO PTE LTD - 160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722
Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com
UEN: 201811621K / GST Number: 201811621K

PAYMENT INVOICE

AUTO 51 LEASING PTE LTD
15 Yishun Industrial Street 1 #01-05 Win 5 Singapore 768091
Tel : (+65) 6735 1551 Fax : (+65) 6736 1551
Co. Reg No.: 201632910R

Invoice To: TEAM AUTOPRO PTE LTD **NRIC/ROC:** 201811621K
Address: 160 Sin Ming Drive
#02-12 Sin Ming AutoCity
Singapore 575722
Phone: +65 8116 8787
Fax: -
Email: -

Invoice No.: CLM 21008
Invoice Date: 13/4/2021

No. Days	Description	Rate	Amount
2	RENTAL FOR GBK9343U FROM 08/04/2021 TO 09/04/2021 ($120 PER DAY) VEHICLE NO : GBK9343U VEHICLE MODEL : Toyota Hiace DX 2.8 Auto MANUFACTURING YEAR : 2020 ENGINE NO : 1GD8641291 CHASSIS NO : GDH2012015556	$ 120.00	$ 240.00
		Total Amount	$ 240.00

AUTO 51 LEASING PTE LTD

AUTO 51 LEASING PTE LTD * CO.REG NO: 201632910R *

Authorised Signature

AUTO 51 LEASING PTE LTD

15 Yishun Industrial Street 1 #01-05 Win 5 Singapore 768091
Tel : 6735 1551 Fax : 6736 1551
CO/GST REG NO: 201632910R

VRA NO.	:	GBK9343U
Date	:	8/4/2021
Name Of Renter	:	Chua Peng Hwee
NRIC/ROC NO.	:	S8804590D
Address	:	Apt Blk 301 Jalan Bukit Ho Swee #33-01 Singapore 169568

As per discussed, we are pleased to confirm the following:-

Make & Model : Toyota Hiace DX 2.8 Auto
Charges : $120 Per Day

The above package is inclusive of:-

I. Unlimited Mileage for Singapore usage.
II. Road Tax and radio license.
III. Maintenance for **NORMAL WEAR AND TEAR.**
IV. Driver will be liable to pay an excess of $4200 or $5500 (more than 1 vehicle claim) if driver is below 27 years old or less than 2 years driving experience. Otherwise, driver will be liable to pay an excess of $3000 or $4000 respectively.
The vehicle shall not be permitted to be driven by any person with age less than 22 years old.
V. Radio cassette / CD player.

But exclude:-

I. Petrol
II. Traffic offence fines and summons.
III. ERP and parking charges.
IV. Damage due to negligence of any form.
V. **Hybrid Battery. Hirer shall be responsible to get replacement of the Hybrid Battery at his own cost, should it be faulty and require replacement.**

Based on the contract, upon confirmation of the agreement, there will be:-

1. Restricted driver is applied for this rental. Hirer will be required to furnish Named Driver's NRIC/Passport, Employment pass and valid Driving License, for every change of drivers.
2. Cash or bank transfer is acceptable for all payments. $1000 security deposit and 1 week rental premiun will be required, upon signing of this confirmation.
3. Deposit shall be refunded two (2) weeks after return of vehicle, subject to clearance of summons and traffic offences.
4. For termination of contract which would have to be incurred by the said Hirer at any point during the rental period, a penalty clause of the full rental premium of the remaining period will be chargeable to the hirer. All penalties mentioned do not include the security deposit.

We hereby authorize 'Anpex Ptd Ltd' to collect the monthly rental payment on behalf of our company.
We trust the above terms and condition have meet your kind approval and we look forward to be of service to you.

Agreed By:

AUTO 51 LEASING PTE LTD * CO.REG.NO.: 201632910R *

Accepted By:
*Signature of Renter / Driver

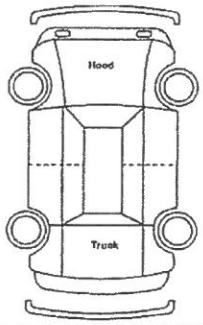
(Signature & Company Stamp, if any)
NRIC/ROC NO.: S8804590D

AUTO 51 LEASING PTE LTD

15 Yishun Industrial Street 1 #01-05 Win 5 Singapore 768091
Tel : 6735 1551 Fax : 6736 1551
CO/GST REG NO: 201632910R

VEHICLE RENTAL AGEEMENT

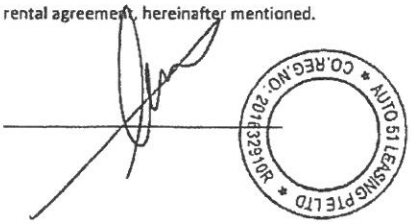
VRA NO.: GBK9343U **Date: 8/4/2021**

RENTER'S PARTICULARS	
Name (as in I/C): Chua Peng Hwee	Date out : 8/4/2021 Date in:
Address: Apt Blk 301 Jalan Bukit Ho Swee #33-01 (S) 169568	Time Out: 10am Time In:
Tel No. (Mobile): 9172 5333	Rental Period:
Email Address:	Mileage Out:
Driving License No. S8804590D	Fuel Tank Out:
Pass Date: 27/12/2017 Issue Date: 27/12/2017	NON-WAIVER EXCESS: $5500
Date of Birth: 3/2/1988 Occupation:	**CHARGES**
Vehicle Check List	DAILY @ $ 120.00 Minimum ( )
	WEEKLY @ $ - Minimum ( )
	MONTHLY @ $ - Minimum ( )
	OTHERS @ $ -
	SERVICE @ $ - (DELIVERY/COLLECTION)
	Additional Drive : $60 insurance per month / $30 maintenance per month
	DEPOSIT:
	REFUND:
	BALANCE TO PAY:
	MISC:
	TOTAL CHARGES:
Additional Driver: YES/NO	PAYMENT MODE: CASH UBER GIRO CHEQUE
Business ACRA: YES/NO	BANK DETAILS:

This agreement commence immediately upon handing over the key of the Vehicle to the Renter.
Rental Charge will commence on the next day (after 12 midnight is considered the next day) upon the date of this agreement signed.
This Agreement deemed that the Renter is the only authorized driver for the vehicle throughout the rental period.
Only one driver is allowed per VRA (vehicle rental agreement), additional driver is to inform and register with **Auto 51 Leasing Pte Ltd** to be an authorized driver, and for insurance matters (additional driver need to top up the deposit, additional charges for insurance and maintenance).
This agreement will only honour between the one and only Driver whose particulars are given willingly, and **Auto 51 Leasing Pte Ltd.**
Breaching of this agreement and any of its terms and conditions, **Auto 51 Leasing Pte Ltd** reserved the right to confiscate the deposit and to repossess the Vehicle anytime.
Should **Auto 51 Leasing Pte Ltd** produce evidence in any ways to show that an unauthorized driver(s) had driven the Vehicle, it is deemed as breaching of the Agreement.
Auto 51 Leasing Pte Ltd has the right to recall the vehicle any time for any reason i.e maintenance works or change of vehicle, even during the minimum period of rental stated.

1. Extra charges are required for vehicle that runs out of fuel, lost of key etc.
2. Terms of payment as stipulated in Clause No. 5 and 6 of the Rental Term and Condition Agreement.
3. 1.5% per month as stipulated in Clause No. 7 of the Rental Term and Condition Agreement.
4. Overdue payments of 3 days and in breach of the terms and conditions of the Agreement, the Owner reserves the right to resume possession of the vehicle at anytime from the Renter in the Owner's interest without prejudice.
5. Only person above 23 years of age with more than 2 years of driving experience, license and signing this agreement may drive the Vehicle.
6. All parking and traffic violations are the responsibility of the Renter, administrative charge will be levied on any traffic violations redirected.

I hereby accept the terms and conditions herein which I have read abd understood or have been read over and explained by the representative from **Auto 51 Leasing Pte Ltd**, and understood by me.
I hereby declare all information that I have given to **Auto 51 Leasing Pte Ltd** in connection with this agreement is true.
I shall be responsible to pay **Auto 51 Leasing Pte Ltd** the value of the vehicle in the event of the vehicle being confiscated or any loss resulting from theft or destruction of the said vehicle whether or not such damage or loss is caused by negligence or by any breach by me of the terms and conditions of rental agreement, hereinafter mentioned.



*Signature of Renter / Driver

(Signature & Company Stamp, if any)
NRIC/ROC NO.: S8804590D

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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

TAX INVOICE

Date of Request: 29/03/2021
Your Ref No: GBK4718E

TEAM AUTOPRO PTE LTD

Dear Sir/Madam,

Date of Accident: 24/03/2021 00:00 (SGT)
Vehicle No: GBK4718E
Place of Accident: Orchard Rd, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S$)	QTY	AMOUNT (S$)
SLQ5592T	Orchard Rd, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

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.: GBK 4718 E

and SLQ 5592 T and .....

and ..... and .....

@ Along Orchard Road

dated 24/03/2021.

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: .....

SS21213P0004 / STA Inspection Pte Ltd[575627]
ENTRY DATE & TIME: 25/03/2021 17:10 (SGT)
SUBMITTED BY: Mohamad Farez Bin Jalil
VERSION: 1 (25/03/2021 17:10 (SGT))

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 witholding 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 Submission	25/03/2021 17:10 (SGT)
Date of Accident	24/03/2021 18:55 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	ALONG ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4718E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	333 DELIVERY
Company Reg No	5XXXX724E
Email Address	mr.rock.batu@gmail.com
Mobile Phone No	(Phone) +65-91725333
Alternative Phone No	+65-91725333

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118465665
Cover Note Number	-

DRIVER

Name of Driver	CHUA PENG HWEE
NRIC No	SXXXX590D

Date Of Birth	03/02/1988
Occupation	Outdoor
Date Of Driving Pass	27/12/2017
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91725333
Alt. Phone Number	-
Email Address	mr.rock.batu@gmail.com
Address	BLK 301 JALAN BUKIT HO SWEE
Address complement	#33-01
Postcode	169568
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JHINTANA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED STATEMENT.

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	SLQ5592T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LEFT SIDE
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA PENG HWEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND & LEG - PAIN/NUMB
Injured person in which vehicle?	GBK4718E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JHINTANA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & RIGHT LEG
Injured person in which vehicle?	GBK4718E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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' 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.

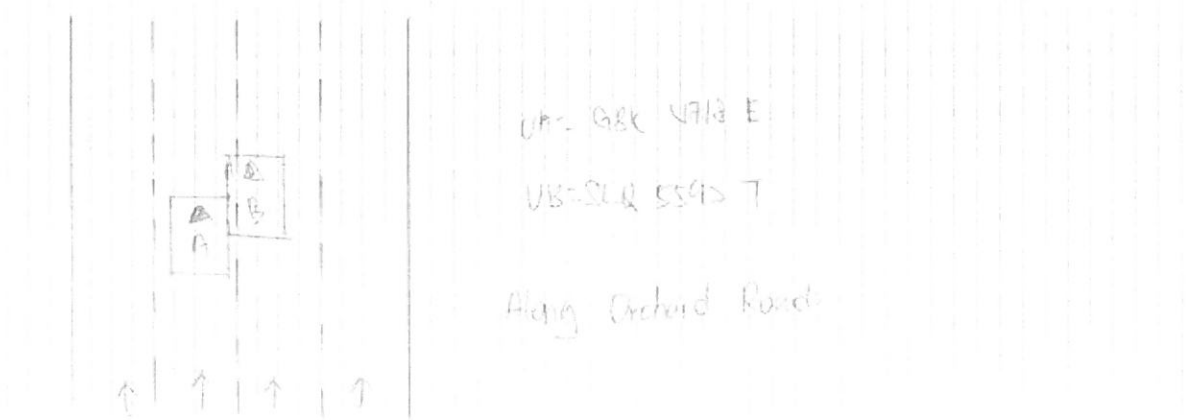
(collectively the "Purposes")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I vehicle 'A' was travelling on the stated route. when I was travelling in the designated lane Suddenly vehicle 'B' cut into my lane without any signal given. Smoothly, I felt a sudden impact from my vehicle right portion. Once I alighted and realized that vehicle 'B' was collided against my vehicle right portion. My wife and I was not feeling well. We was consulted by doctor.

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

income
made different

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5118465665 **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBK4718E**
   Chassis Number : GDH2012012559
2. Name of Policyholder : 333 DELIVERY
3. Effective Date of Insurance : 11 Aug 2020
4. Expiry Date of Insurance : 10 Aug 2021
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.
   (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover
   (a) Use for hire or reward.
   (b) Use for racing, pace-making, reliability trial or speed-testing.
   (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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.

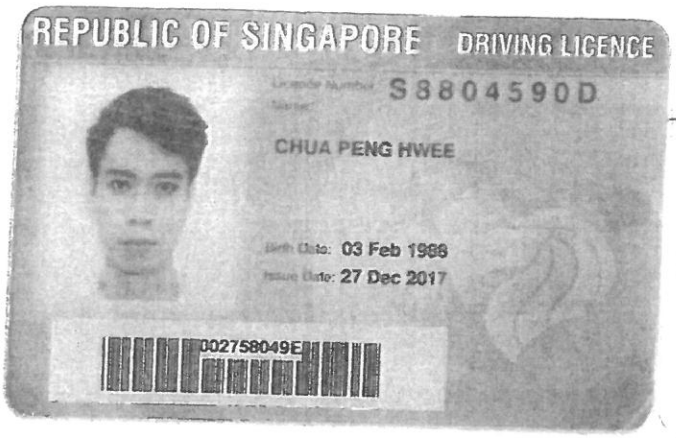
EXCESS (SECTION 1)	:	S$600
EXCESS (SECTION 2)	:	N/A
WINDSCREEN EXCESS	:	S$100
INSURE WITH COE	:	YES
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : CASA MERAKI PTE. LTD. (00000573856)
Date of Issue : 06 Aug 2020 15:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive


REPUBLIC OF SINGAPORE DRIVING LICENCE

S8804590D

CHUA PENG HWEE

Birth Date: 03 Feb 1988

Issue Date: 27 Dec 2017

002758049E


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8804590D

Name

CHUA PENG HWEE

蔡 炳 輝

Race

CHINESE

Date of birth

03-02-1988

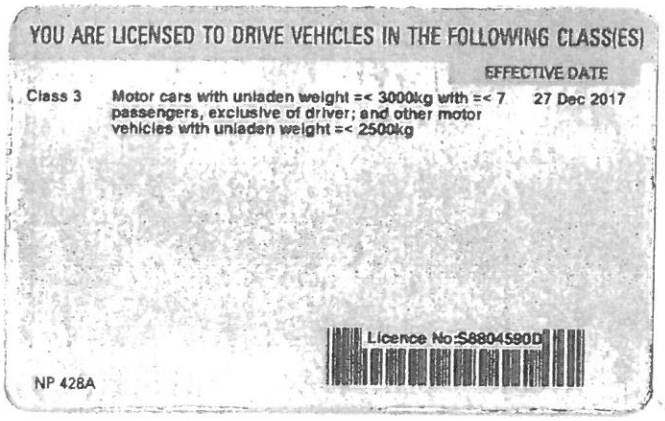
Sex

M

Country/Place of birth

SINGAPORE

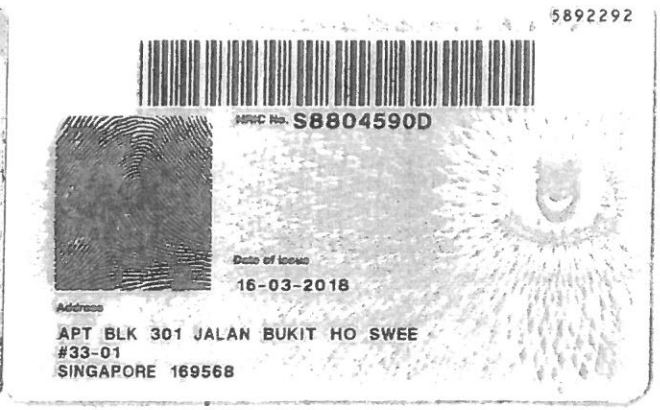
S8804590D


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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	27 Dec 2017

Licence No:S8804590D

NP 428A


5892292

NRIC No. S8804590D

Date of Issue

16-03-2018

Address

APT BLK 301 JALAN BUKIT HO SWEE
#33-01
SINGAPORE 169568