

| | |
|---|---|
| Address | BLK 401 CHOA CHU KANG AVENUE 3 #05-201 |
| Postcode | 680401 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own 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 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ALEXANDRA NPP |
| Police Station Address | ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171226/2124 (TYPE OF COLLISION HEAD TO SIDE)

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 | SJK1526S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

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 ability.
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 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 | 27/12/2017 16:40 |
| Date Of Accident | 26/12/2017 08:20 |
| Exact Location Of Accident | ALONG QUEENSWAY AT THE EXIT OF ESSO PETROL STATION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SJF7615E |
| Insured/Policyholder | |
| Name Of Registered Owner | ERVIAN TI BINTE MOHAMED POSARI |
| NRIC No | S7835639A |
| Email Address | JUAN2311.RAUB@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91997831 |
| Alternative Phone No | OTHERS-91997831 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 | REPORTING ONLY |
| 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 | 5096585291 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | ABDUL RAUB BIN OTHMAN |
| NRIC No | S7236734J |
| Date Of Birth | 11/10/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/10/1997 |
| Driving Experience | 20 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91997831 |
| Fax Number | |
| Contact Number | OTHERS-91997831 |
| EMail Address | JUAN2311.RAUB@GMAIL.COM |


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.

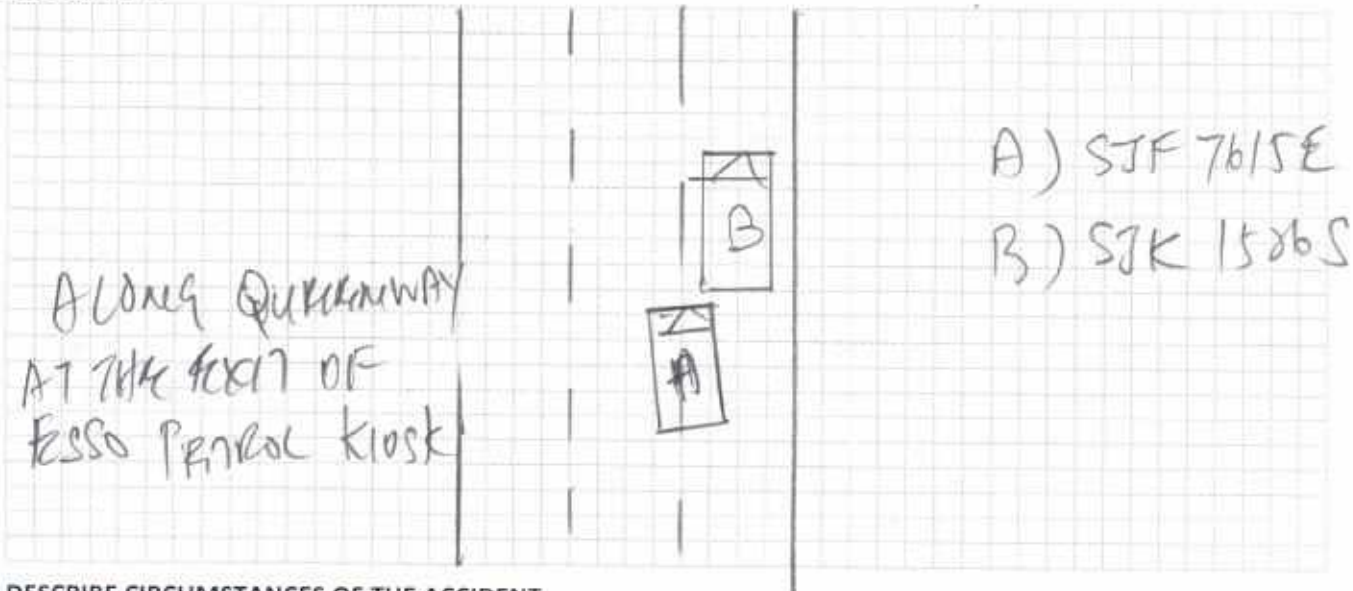
 27/12/17 - 11201h

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

Handwritten note across the section:
 ALS REFER TO Police Report
 1/20/17 1226/2124

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.:



SINGAPORE POLICE FORCE



T/20171226/2124

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20171226/2124

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 26/12/2017 16:49 | Vide Report No.: | Station Diary No.: 36 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant: ABDUL RAUB BIN OTHMAN | | | Address: APT BLK 401 CHOA CHU KANG AVENUE 3 #05-201 SINGAPORE 680401 | | |
| ID Type / ID No.: NRIC NO / S7236734J | | | Contact No.: Home/Office: Mobile: 91997831 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 45 | Date of Birth: 11/10/1972 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: SAFETY COORDINATOR | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 26/12/2017 08:25 | Type of Location: X-Junction |
| Location: Along Road 1 QUEENSWAY | | | | |
| Along Queensway at the exits of Esso petrol Kisok station | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SJF7615E | Car | | | | Slightly Damaged | 1 |
| SJK1526S | Car | | | | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20171226/2124

2 of 3

Police Station Of Origin:

Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

Report No. T/20171226/2124

CONTINUATION OF REPORT

Brief Details.

On 26/12/2017 at about 0820am I was done pumping patrol at the Essos^s petrol Kiosk when I was existing the petrol kiosk I met with an accident with the vehicle number SJK1526³J, Driver CHOW YOKE RONG, NRIC S85857473F. No one was injured in the accident and I am reporting this matter for my insurance claim and also I'm afraid the other party will over claim the damages as he inform me that he is an Uber driver.



**SINGAPORE
POLICE FORCE**



T/20171226/2124

3 of 3

Report No. T/20171226/2124

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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:

D /

Sgt 2 CHIEW BENJAMIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

26/12/2017 16:49

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

The premium on this policy has not been collected.

Accident MY/0975362

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No. | 5096585291 | Vehicle No. | SJF7615E | GST Registration No. | |
| Policyholder Name | ERVIANI BINTE MOHAMED POSARI | Cover Type | drive CLASSIC | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | |
| Contact No.(Mobile) | 92390134 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | <input type="text"/> |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|-----------|
| Report Date | 27/12/2017 17:03 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 26/12/2017 | Time of Accident hh:mm | 08:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG QUEENSWAY AT THE EXIT OF ESSO PETROL STATION | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--|
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | |
| Unnamed Driver Excess | 500.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|------------------------|-----------|--|
| Address 1 | BLK 401 #05-201 | Address 2 | CHOA CHU KANG AVENUE 3 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | 05-201 | Related Policy Number | 5096585291 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|------------------------|------------------------|--|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | |
| Unnamed driver Name | ABDUL RAUB BIN OTHMAN | Driver NRIC | 572387341 | Driving Experience | |
| Register Date of Driver License | 27/10/1997 | Driver Age | 43 | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | BLK 401 #05-201 | Address 2 | CHOA CHU KANG AVENUE 3 | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 05-201 | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | SJF7615E | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX **New**

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | ERVIANI BINTE MOHAMED POSARI | Insured NRIC | |
| Contact No.(Mobile) | 92390134 | Contact No.(Home) | 67660865 | Contact No.(Office) | |
| Email Address | | OJ Vehicle Number | SJF7615E | TP Vehicle Number | |
| Claim Description | SJF7615E / SJK1526S ON 26 Dec 2017 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | |
| Date Registered | 27/12/2017 17:08 | Claim Close Date | | Date Received | |
| Report Taken By | ROSLI WAHAB | Workshop Repairer | | Total Loss but Repaired | |

☒ Print AK letter








Save Submit

Attachment

| | | | |
|--------------------|---|-------------|----------------------|
| Accident No. | MY/0975362 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 27/12/2017 17:10 |
| Path * | | Category * | Confidential Urgency |

| | | | | |
|---------------------------------------|--------------------------------------|---------------|----|--------|
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | De |
|---|---|-----------------------|---------|---------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:10 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:10 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:10 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:10 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:09 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:09 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:09 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:09 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:09 | SAS | Normal | SAS |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Dec 2017 17:08 | NRIC/ Driving License | Normal | NRIC/ Driving |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|--|---|
| | | <input type="button" value="Display in New Window"/> | <input type="button" value="Scan and uploading"/> |

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 12 / 17 (DD/MM/YYYY), TIME: 0820A (HH:MM)

LOCATION: Before ALEXANDRA NPEC

1. DETAILS OF VEHICLE - TOYOTA VIOS
 - a) VEHICLE NUMBER: SJF 7615 E
 - b) INSURANCE COMPANY: N74C
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 - e) MAKE & MODEL: _____
 - f) TYPE: SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 - g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 - h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 - IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
 - a) NAME: ERUHAN MO POSARI (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S7835639A CONTACT: 92290134
 - c) ADDRESS: C404 CIMA KANG AVE 3 #05-201 - 5670901

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

1/4 No of passengers
(including driver)
(1)

- DRIVER
 - a) NAME: ABDEL RAHMAN BIN OTMAN (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S7226734J CONTACT: 9197831
 - c) ADDRESS: C404 CIMA KANG AVE 3 #05-201 - 680401

* d) DATE OF BIRTH: 11 / 10 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 1997

f) DATE OF DRIVING LICENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS _____
- b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

TANG LIN HAIRTR BK 46

8. THIRD PARTY VEHICLE

1/4 No of passengers
(including driver)
(1)

- a) VEHICLE NUMBER: SJK 15265 MODEL: NISSAN LATIO
- b) DRIVER'S NAME: CHOW YOK RONG
- c) NRIC/FIN/PASSPORT: S8538743F CONTACT: 9322 9181

9. THIRD PARTY VEHICLE

1/4 No of passengers
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
- b) DRIVER'S NAME: _____ CONTACT: _____
- c) NRIC/FIN/PASSPORT: _____

Email: JUAN 2311.rauh@gmail.com

Fax: _____
✓ 1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7236734J



Name

ABDUL RAUB BIN OTHMAN

Race

MALAY

Date of birth

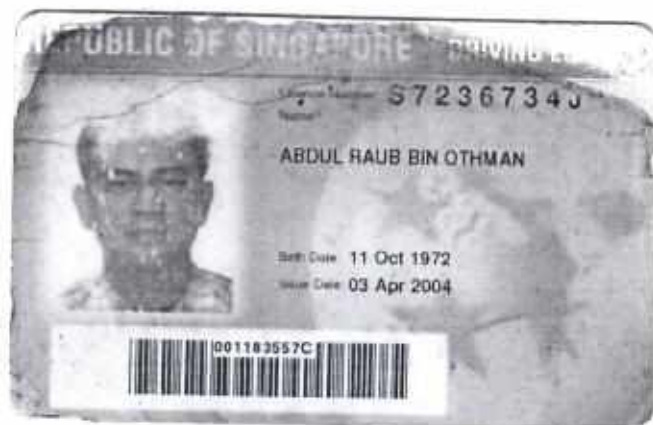
11-10-1972

Country/Place of birth

SINGAPORE

Sex

M



5555655



NRIC No. S7236734J



Date of issue

28-01-2016

Address

APT BLK 401 CHOA CHU KANG AVENUE 3
#05-201
SINGAPORE 680401



eBaoTech

General/Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5096585291 | ERVIAN TI BINTE MOHAMED ROSARI | 57835639A | GPC | drive CLASSIC | SJF7615E | SJF7615E | 10/12/2017 | 09/06/2018 |