

NATIONAL Assessment Centre Services

MAA 18050634

Date In: 25/04/2018 16:50
 Ref No: NBA/ACC/80076547
 Veh No: SJJ 3118 D
 D.O.A: 25/04/2018 14:00
 CO: TP / Reporting Only

Job description	Date & Time Completed	Date by
Q&S e-filing		
E-mail (with sheet, AIO sheet)		
Motor Claim Form	MA10991858-001	25/04/2018
Motor VVO (within 60 days, if any)		18:08
Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Whse (INC Assign Whse / OW):
 TP Particulars: Yell No: SLA 4133D, INC () / Non-INC ()
 Owner / Driver ()
 Policy No () Period () Cover Type ()
 Confirmed by () Date () Time ()
 Insured/Driver Liability () % (Note: Bil. Status (WO); NI 0-20%; PI 21-79%; PI 80-100%)
 Year of Registration () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:
 () Walk-in Customer: Customer's information strictly confidential & strictly NO refer of repair.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-in () / Towed-in () / Involcc: YES () / NO () / Towing Co ()

Remarks:
 1) Apply for Transition Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:
 Date/Time/Location:
 ()

MA 1802623

Item/Particulars	Invoice Preparation Checklist	Value
Driver/Owner	1) ARI: Accident Reporting (100)	
Policy No:	2) DA: Damage Assessment (100) INC (40)	
Assigned Person:	3) TP: Towing Fee (100)	
Checked by (Engr-In-Charge):	4) TP: Follow-through Survey (100)	
	5) TP: Follow-through Survey (Recovery) (100)	
Comments:	6) TR: Bill Payment (100)	
	7) NI: 140 DA + SMART Survey (100)	
L.L.:	8) NTUC Audited Entry (100)	
	9) NI: Courtesy Car / Top Allowance (10)	
L.2/3:	10) NI: Right of Compensation (10)	
	11) NI: Post Repair Inspection (10)	
	12) NI: OY / Collision / Other Consideration (10)	
	13) NI: (TP / Non-INC) Technical INC (10)	
	14) NI: 140 DA (10)	
	Involcc: None	Not Checked

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 GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/04/2018 16:50
Date Of Accident	25/04/2018 14:00
Exact Location Of Accident	TELOK BLANGAH ROAD BEFORE HARBOURFRONT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ3118D
Insured/Policyholder	
Name Of Registered Owner	NURZILA BINTE SENIN
NRIC No	S9223524F
Email Address	NURZILASEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83389819
Alternative Phone No	OTHERS-83389819

Vehicle Particulars

Manufacturer	LEXUS
Model	LEXUS RX350 STD
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	5094059476
Cover Note Number	

Driver

Name of Driver	NURZILA BINTE SENIN
NRIC No	S9223524F
Date Of Birth	02/07/1992
Occupation	INDOOR
Date Of Driving Pass	26/05/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83389819
Fax Number	
Contact Number	OTHERS-83389819
Email Address	NURZILASEN@GMAIL.COM

Address 19 CHWEE CHIAN VIEW
 Postcode 119701
 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 - 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 3
 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

PLEASE REFER TO SKETCH PLAN

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 SLA4133B
 Vehicle Make/Model/Colour MERCEDES BENZ
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHOO YANGLI CHRISTOPHER
 NRIC/Passport Number S7709676J
 Contact Number 83181709
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRONT
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC3862Z
 Vehicle Make/Model/Colour HYUNDAI SONATA

Details Of Properties

Vehicle Category	TAXI
Name of Driver	QUEK THONG WAN
NRIC/Passport Number	S1292856D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO 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: 25/04/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

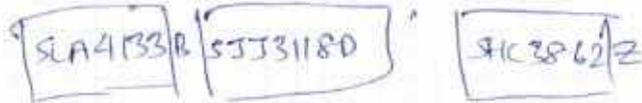
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/04/2018

Raddi Wathana



1st light Junction.

Harbourfront.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the most rightest / 3rd lane

I was driving along Telok Blangah Road, before the right turn junction to Harbourfront Centre. When I saw the taxi in front of me making a sudden brake hence I also had to brake to avoid. However an oncoming car from the back had hit me hard from the rear of my car. I immediately alighted to see the damages.

I heard a very loud impact. When I came down, I went to the back of my car to see the damage. Come the front taxi driver also stopped his vehicle in front of me and accused me of colliding with his car when actually the distance between my car and his taxi is about one meter. We did not see any visible damage or scratches at all at both my front side or his rear bumper. However I feel the hard impact of the rear car that had hit me from the back.

Note: I hope that I will not receive any claim from the front Taxi as there is no impact / damages at all.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 25/04/18

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

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

Claim Handling

Accident MT/0991858

Policy No.	5294059476	Vehicle No.	5J33118D	GST Registration No.	
Policyholder Name	NURZILA BENTE SENIN	Cover Type	drive CLASSIC	Policyholder NRIC	59223524F
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	83389819	Special Remarks		Contact No. (Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
WFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	5	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	25/04/2018 17:08	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/04/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELUK BLANGAH ROAD BEFORE HARBOURFRONT AVENUE				

▼ Benefits

▼ Excess

Own Damage Excess	800.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
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	19 CHWEE CHIAN VIEW	Address 2	CHWEE CHIAN VIEW	Address 3	SINGAPORE 119701
Address 2		Address Type	Singapore address	Post Code	119701
Unit No.		Related Policy Number	5094059476		

▼ OI Driver Info

Driver Name	NURZILA BENTE SENIN	Driver Type	Main Driver	Driver DOB	02/07/1992
Unnamed driver name		Driver NRIC	59223524F	Driving Experience	6
Regular Date of Driver License	26/05/2011	Driver Age	25	Contact No. (Home)	
Contact No. (Mobile)	83389819	Contact No. (Office)		Address 1	SINGAPORE 119701
Address 1	19 CHWEE CHIAN VIEW	Address 2	CHWEE CHIAN VIEW	Post Code	119701
Address 2		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	5J33118D	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	NURZILA BENTE SENIN	Insured NRIC	59223524F
Contact No. (Mobile)	NIL	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	5J33118D	TP Vehicle Number	5LA41338
Claim Description	5J33118D / 5LA41338 ON 25 Apr 2018			Name of Referred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	SIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	25/04/2018 00:00
Date Registered	25/04/2018 18:07	Claim Close Date		Total Loss but Repaired	
Report Taken By	BOSJI WAHAB	Workshop Repairer			

[Print AX Letter](#)

Attachment

Accident No.	MT/0991858	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	25/04/2018 18:08

Category *	Confidential	Urgency *	Description *
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	

[Send Message](#)

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (EO)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 25 Apr 2018 18:08	Photos	Normal	Photos 2018-4-25		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 25 Apr 2018 18:08	Photos	Normal	Photos 2018-4-25		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 25 Apr 2018 18:08	Photos	Normal	Photos 2018-4-25		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:08	Photos	Normal	Photos 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:09	Photos	Normal	Photos 2018-4-25	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:07	Photos	Normal	Photos 2018-4-25	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:06	Photos	Normal	Photos 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:06	Photos	Normal	Photos 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:06	Photos	Normal	Photos 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:06	Photos	Normal	Photos 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:06	Photos	Normal	Photos 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:06	Photos	Normal	Photos 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:06	Photos	Normal	Photos 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:04	SAS	Normal	SAS 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-25	Edit

View List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window	Scan and uploading
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ACCIDENT STATEMENT

ACCIDENT DATE: (25/04/2018) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: TELOK BLANGAH ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJJ3118D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5094059476
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: LEXUS RX 350
f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ~~CHOO YANGLI CHRISTOPHER~~ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7709676J CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NURZICA BINTE SENIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9223524F CONTACT: 83359819
c) ADDRESS: 19 CHWEE CHIAN VIEW
S 119701

*d) DATE OF BIRTH: (02/01/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/05/2011

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 4133B MODEL: MERCEDES
b) DRIVER'S NAME: CHOO YANGLI CHRISTOPHER
c) NRIC/FIN/PASSPORT: S7709676J CONTACT: 83181709

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHC3862Z MODEL: TAXI COMFORT
e) DRIVER'S NAME: QUEK THONG WAN
f) NRIC/FIN/PASSPORT: S1292856D CONTACT: _____

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9223524F



Name

NURZILA BINTE SENIN

Race

MALAY

Date of birth

02-07-1992

Sex

F

S9223524F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9223524F

Name:

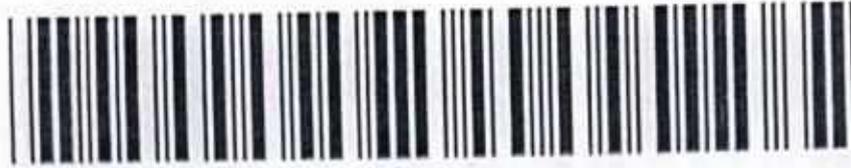
NURZILA BINTE SENIN

Birth Date: 02 Jul 1992

Issue Date: 26 May 2011



4073536



NRIC No. S9223524F

Date of issue
17-07-2007

Address

19 CHWEE CHIAN VIEW
SINGAPORE 119701

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 26 May 2011

NP 428A



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 checked="" type="radio"/>	5094059476	NURZILA BINTE SENIN	S9223524F	GPC	drivo CLASSIC	SJJ3118D	SJJ3118D	06/09/2017	06/09/2018