

NATIONAL ASSESSMENT CENTRE SERVICES

(011) 111 1111

MAA 408070306

Date In: 30/05/2018 17:28
Ref No: N88/INC/80097697
Veh No: SM 6816L
DOA: 24/05/2018 20:35
OO: TP Reporting Only

Job Description	Date & Time Completed	Done by
SAS calling		
E-mail (vehicle info, AIC info)		
1-Photos Claim Form	11/09/2017-00	30/05/2018
1-Photos VVO (within 100m of VVO)		18/15
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/VVWSP		

Preferred Wap/Inc Assign Wksp / OWI:

TP Particulars: Yeh No: GBC 2823P INC () / Non-INC ()
Owner/Driver () Tel: ()
Policy No () Period () Cover Type ()
Confirmed by () Date () Time ()
Insured/Driver Liability () % (Note: BIL, SUND (WO) NI 0-20% PI 21-79% PI 30-100%)
Year of Registration () Warranty: YES () / NO ()
Excess (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:
() Work-In Customer: Customer's information strictly Confidential & strictly NO relay of reporter.
() Total Loss Case: 1 to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () Invoice: 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: _____

NA/803409
Invited Preparation Checklist:
1) ARI Residential Reporting (\$20)
2) DA/Damage Assessment (\$100)
3) TP/Towing Fee
4) PT/Follow Through Survey
5) PT/Video Through Survey (Assured)
6) TR/Trail Survey
7) H/Highway & Smart Survey
8) NTUC Additional Survey
9) _____
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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	30/05/2018 17:28
Date Of Accident	24/05/2018 20:35
Exact Location Of Accident	ALONG AIRPORT BOULEVARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6816L
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	REUBEN.MERVYN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97100555
Alternative Phone No	OFFICE-97100555

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097799360
Cover Note Number	

Driver

Name of Driver	RAYMOND REUBEN MERVYN
NRIC No	S7923552J
Date Of Birth	04/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97100555
Fax Number	
Contact Number	OTHERS-97100555
Email Address	REUBEN.MERVYN@GMAIL.COM

Address BLK 116 ANG MO KIO AVENUE 4
#06-423
Postcode 560116
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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 KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454
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 GBC2823P
Vehicle Make/Model/Colour NISSAN CABSTAR
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver GOVINDASAMY SENTHIL KUMAR
NRIC/Passport Number F7925629W
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

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)**

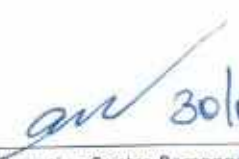
I understand, acknowledge, agree and consent that:

- (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:

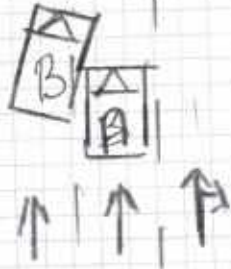

Reporting Centre Personnel's Signature
Name: Roshni Wajid
NRIC/FIN No.:

SKETCH PLAN

AIRPORT BOULEVARD ROAD

A) SJM 6816 L

B) 4BC 2823 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
F/20180526/2018

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.:

30/05/2018
Roshni Wintar



**SINGAPORE
POLICE FORCE**



F/20180526/2078

1 of 2

Report No. F/20180526/2078

POLICE REPORT (NP299)

Police Station Of Origin
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Date/Time Report Made 26/05/2018 14:21	Vide Report No.		Station Diary No. 10	
Name Of Informant RAYMUND REUBEN MERVYN	Address APT BLK 116 ANG MO KIO AVE 4 #06-423 SINGAPORE 560116			
ID Type / ID No. NRIC NO / S7923552J	Contact No. Home/Office		Mobile 97100555	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation EVENTS MANAGER	Sex Male	Age 38	Date of Birth 04/08/1979	Race Indian
Institution/School Name	Language			
Date/Time Of Incident 24/05/2018 20:35	Location Of Incident T2 BOULEVARD SINGAPORE Along Airport Boulevard after Terminal 2 carpark.			

Brief details.

On 24/05/2018 at about 2035hrs., I was driving my vehicle (SJM 6816 L) along Airport Boulevard when a lorry (GBC 2823 P) filtered into my lane abruptly and collided into my vehicle. I was driving on the right most lane and the lorry filtered in from the middle lane. The driver of the lorry (Govindasamy Senthil Kumar, F7925629M) told me that he wanted to settle the matter privately but till date, he kept dragging the matter and showed no signs of settling it.

Signature Of Officer Recording The Report: F / Sgt 1 NGAN WEI CHEOW	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2018 14:21
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Staff Sgt TOK WEI WEI, JEFFREY Contact No.: 62180000	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180526/2078

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180526/2078

The front left headlight and bumper is damaged due to the collision and after checking with the car workshop, the repair cost for my vehicle is estimated to be around SGD\$700/-. I wish to state that no one is injured.

As such, I am lodging this police report for my own record purpose.

Signature Of Officer Recording The Report:

F / Sgt 1 NGAN WEI CHEOW

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Staff Sgt TOK WEI WEI, JEFFREY
Contact No.: 62180000

Authentication Stamp

Signature Of Informant:

Date/Time:
26/05/2018 14:21

Classification Of Case:

Claim Handling

Accident MT/0996521

Policy No.	5007709360	Vehicle No.	SIM6816L	GST Registration No.	
Policyholder Name	TODDS PARTNERS PTE. LTD.	Cover Type	DRIVE CLASSIC	Policyholder NRIC	201533177E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97100555	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	<input type="text"/>
KPK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	30/05/2018 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/05/2018	Time of Accident Minimum	20:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AIRPORT BOULEVARD ROAD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 1007 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRI
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	5101082433		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/08/1979
Unnamed driver Name	RAYMOND REUBEN MERVYN	Driver NRIC	S79235521	Driving Experience	8
Register Date of Driver License	03/12/2009	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	97100555	Contact No.(Office)		Address 3	HEBIN BARU HEIGHTS
Address 1	BLK 116 #06-423	Address 2	ANG MO KIO AVENUE 4	Post Code	560116
Address 4	SINGAPORE 560116	Address Type	Foreign address		
Unit No.	06-423			Driver Insurer Company	NTDC
Does he own a Singapore registered car?	Yes + No	Driver Vehicle No.	SIM6816L		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001

New

Claim Type *	OD-MR	Insured Name	TODDS PARTNERS PTE. LTD.	Insured NRIC	201533177E
Contact No.(Mobile)	97707613	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SIM6816L	TP Vehicle Number	5BC2823P
Claim Description	SIM6816L / 5BC2823P ON 24 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/05/2018 18:14	Claim Close Date		Date Received	30/05/2018 00:00
Report Taken By	RIDSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0996521	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/05/2018 18:15
Path *		Category *	
Choose File No file chosen		Confidential	Urgency *
Choose File No file chosen		NO *	Normal *
Choose File No file chosen		NO *	Normal *
Choose File No file chosen		NO *	Normal *
Choose File No file chosen		NO *	Normal *
Choose File No file chosen		NO *	Normal *
Choose File No file chosen		NO *	Normal *
Message Read		Send Message	Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg. Sent Actor (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 30 May 2018 18:15	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 30 May 2018 18:15	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 30 May 2018 18:15	Photos	Normal	Photos 2018-5-30	Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:15	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:15	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:15	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:14	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:14	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:14	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:14	Photos	Normal	Photos 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 18:14	SAS	Normal	SAS 2018-5-30	Edit

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 24/05/2018 (DD/MM/YYYY), TIME: 20:35 (HH:MM)

LOCATION: Airport Boulevard Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3JM6816L
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5097799360
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Accord
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 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: Todds Partners Pte. Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Raymond Teoh Mervyn (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7723552J CONTACT: 97100555
 c) ADDRESS: BK 116 Ang Mo Kio Ave 4 #06-423 S(560116)

*d) DATE OF BIRTH: 04/08/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/12/2007

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

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: Kebon Baru NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC2823P MODEL: Nissan Caddy
 b) DRIVER'S NAME: Govindasamy Senthil Kumar
 c) NRIC/FIN/PASSPORT: F7725029M CONTACT: -

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER
 (1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

1) EMAIL : reuben.mervyn@gmail.com

2) VIDEO :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7923552J



Name

RAYMUND REUBEN MERVYN



Race

INDIAN

Date of birth

04-08-1979

Country/Place of birth

SINGAPORE

Sex

M



3184317



NRIC No: S7923552J



Date of issue

03-06-2013

APT BLK 118 ANG MO KIO AVE 4 #08-423
SINGAPORE 680116

NRIC No: S7923552J

Date: 27/06/2015



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"/>	5097799360	TODDS PARTNERS PTE. LTD.	201533177E	GPC	drive CLASSIC	SJM6816L	SJM6816L	30/01/2018	12/01/2019