

# NATIONAL Assessment Centre Services.

(part 1 Jan 05)

17 MAY 18/62458

Date In: 17/12/2018 17:58	Job description	Date & Time Completed	Done by
Ref No: N/A/INC602268/4	SAS e-filing		
Veh No: FBG 7121C	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 16/12/2018 14:30	I-Motor Claim Form	17/12/2018 18:29	
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCL 9889P	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Reminders:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Action

NA 1808.228	Invoice Information
Client Particulars:	1) AR: Accident Reporting (\$30);
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30
Auditors Comments:	For claiming against INC Only (over 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	Fee Charged

## 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	17/12/2018 17:58
Date Of Accident	16/12/2018 14:30
Exact Location Of Accident	ALONG STEVENS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7121C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DARREN PHOON HENG KAI
NRIC No	S9145394J
Email Address	DARRENPHOON@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93690263
Alternative Phone No	OTHERS-93690263

### Vehicle Particulars

Manufacturer	DUCATI
Model	1199 PANIGALES-1.2 ABS
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096516376-01
Cover Note Number	

### Driver

Name of Driver	DARREN PHOON HENG KAI
NRIC No	S9145394J
Date Of Birth	25/12/1991
Occupation	INDOOR
Date Of Driving Pass	18/07/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93690263
Fax Number	
Contact Number	OTHERS-93690263
EMail Address	DARRENPHOON@OUTLOOK.COM

Address	61 CHOA CHU KANG LOOP #03-02
Postcode	689668
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	YES
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)	2
Passenger 1	NAME: : SOO MIN LEE GENDER: : FEMALE

#### 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	SCL9989P
Vehicle Make/Model/Colour	BMW 320
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROSLINAH BINTE SAPAR
NRIC/Passport Number	S7634437Z
Contact Number	97822819
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	DARREN PHOON HENG KAI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG7121C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	SOO MIN LEE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG7121C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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: 17 Dec 2018  
5.30pm

Driver's Signature

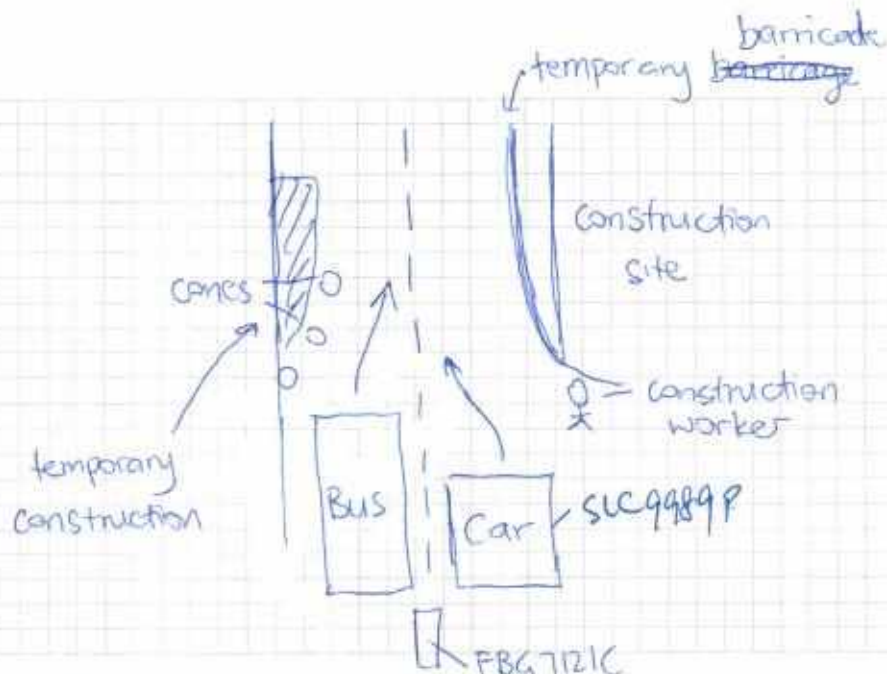
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling beside the bus, slowing down due to the construction ahead. I had sufficient room to bypass both the bus and car at this point. Towards the construction, the bus was a little ahead of the car and decides to go first. The car seemed to assume that it could pass before the bus but at the last minute, misjudged the bus' intention and the construction worker at the side of the road, swerved into my line of travel to avoid the worker, and at the same time jammed on the brakes to a complete stop. This sudden swerve narrowed <sup>my</sup> available space and ~~stop~~ safety distance, hence the accident occurred.

## DECLARATION

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



Policyholder's Signature

Date & Time: 17 DEC 2018  
5.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 17/12/2018  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Claim Handling

Accident MT/1024158

Policy No.	5095518376-01	Vehicle No.	FBG7121C	GST Registration No.	
Certificate No.					
Policyholder Name	DARREN PHOON HENG KAI			Policyholder NRIC	99145394J
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93690263	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		sCode	No *
KPK	+ No <input type="checkbox"/> Yes <input type="checkbox"/>	TCA	+ No <input type="checkbox"/> Yes <input type="checkbox"/>	sCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	17/12/2018 18:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/12/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG STEVENS ROAD				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	61 CHOIA CHU KANG LOOP	Address 2	#03-02 NORTHVALE	Address 3	SINGAPORE 899668
Address 4		Address Type	Singapore address	Post Code	899668
Unit No.		Related Policy Number	5095518376-01		
<b>01 Driver Info</b>					
Driver Name	DARREN PHOON HENG KAI	Driver Type	Main Driver	Driver DOB	04/12/1995
Unnamed driver Name		Driver NRIC	99145394J	Driving Experience	8
Register Date of Driver License	25/18/2010	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	93690263	Contact No.(Office)		Address 1	SINGAPORE 899668
Address 1	61 CHOIA CHU KANG LOOP	Address 2	#03-02 NORTHVALE	Address 3	SINGAPORE 899668
Address 4		Address Type	Singapore address	Post Code	899668
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	FBG7121C	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	DARREN PHOON HENG KAI	Insured NRIC	99145394J
Contact No.(Mobile)	93690263	Contact No. (Home)	N/A	Contact No. (Office)	
Email Address	DARRENPHOON@HOTMAIL.COM	01 Vehicle Number	FBG7121C	TP Vehicle Number	SC1941
Claim Description	FBG7121C / SC19989P ON 16 Dec 2018				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Workshop No. Finalisation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Workshop, Name unknown			
Date Registered				Claim Close Date	17/12/2018 18:27
Report Taken By					ROSLI WAHAB
Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1024158	Claim No.	001		
Last Doc. Received	Yes <input type="checkbox"/> No <input type="checkbox"/>	Upload Date	17/12/2018 18:29		
Path *		Category *	Confidential	Urgency *	Desc.
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Dec 2018 18:29		Photos	Normal	Photos 2018-12-17	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	Photos	Normal	Photos 2018-12-17
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	SAS	Normal	SAS 2018-12-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 18:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-17

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>		

## ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 12 / 2018 (DD/MM/YYYY), TIME: 14 : 30 (HH:MM)

LOCATION: Stevens Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 7121C  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5096516376-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: DUCATI PANIGALE 1199  
f) TYPE: (SALOON / 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)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: Darren Phoon (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9145394J CONTACT: 93690263  
c) ADDRESS: 61 Choa Chu Kang Loop #03-02 5689668

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS ABUJA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 04 / 12 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25 OCT 2010

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

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: SCL9989P MODEL: BMW 320  
b) DRIVER'S NAME: Roslinda Binte Sapar  
c) NRIC/FIN/PASSPORT: S7634437Z CONTACT: 97822819

### 9. THIRD PARTY VEHICLE

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

email = darrenphoon@outlook.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9145394J



Name

DARREN PHOON HENG KAI

潘 恒 凯

Race

CHINESE

Date of birth

04-12-1991 M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9145394J

Name

DARREN PHOON HENG KAI

Birth Date 04 Dec 1991

Issue Date 25 Oct 2010



3972011

NRIC No. S9145394J



Date of issue  
11-12-2006

Address  
61 CHOA CHU KANG LOOP  
#03-02  
SINGAPORE 689668

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class	Motor Vehicle	Effective Date
Class 2B	Motor Vehicle - 200 CC	29 Jul 2008
Class 2A	Motor Vehicle between 201 CC and 400 CC	29 Jul 2008
Class 2	Motor Vehicle > 400 CC	29 Jul 2008
Class 3	Motor Vehicle > 1000 CC with up to 7 passengers excluding of the driver, and motor vehicle > 1000 CC	29 Jul 2008

S / No 9000310407

NP 428A



Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/12/2018 17:58"/>
Vehicle No.(For Motor)	<input type="text" value="FBG7121C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096516376-01		DARREN PHOON HENG KAI	S9145394	GMC	Third Party	FBG7121C	FBG7121C	06/12/2018	05/12/2019