Date In: 21/3/19 - 16:00			
C 242400	Jeb description	Date & Time Completed	Done by
Res No: MA INCIGOOSITY/24	SAS e-filing		
Vch No: FB 46171C.	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 18/3/19 - 07:30	i-Motor Claim Form	MT 1036890 - 001	21/3/19 16:14
OD : (TP): Reporting Only	i-Motor W/O (Within: OD 2		
OD : (1) : Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IF Misurel.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	ax;
TP Particulars: Veh No: SFQ	588k INC	( )/Non-INC( )	#)
Owner / Driver: (		Tel:	)
Policy No: ( ) Po	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-10	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,0			
General Remarks:-			Ser Sie
( ) Walk-In Customer: Customer's info		Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur		N	
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( );	Towing Co: (	. )
Remarks: : (INC hodine: 6788 6616)			JANASAN WAY
	CASE AND DESIGNATION OF THE PERSON OF THE PE	Date&Time Completed	Done by
	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	3000] ( )		
Injury:	3000] ( )		
Injury:	3000] ( )		ESSECHE SE
Injury:	3000] ( )		Page 1
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Injury:  Date/Time Actions	invoice Pri  1) AR: Accider  2) DA: Damag  3) TF: Towing  4) FT: Follow-	nt Reporting (\$30); e Assessment (\$100); INC (\$80) Fee \$40/3 Through Survey \$1	191.Bill Add Bill ) [45]
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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 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 Report	21/03/2019 16:00
Date Of Accident	18/03/2019 07:30
Exact Location Of Accident	AMK AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG617K
Insured/Policyholder	
Name Of Registered Owner	AFFANDI BIN ALI
NRIC No	S1581174I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92701930
Alternative Phone No	OFFICE-92701930
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR600RR
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
f 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5091578830-01

Cover Note Number

#### Driver

Name of Driver AFFANDI BIN ALI NRIC No S15811741 Date Of Birth 17/01/1963 Occupation OUTDOOR Date Of Driving Pass 13/03/2013

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92701930

Fax Number

Contact Number OFFICE-92701930

EMail Address NOEMAIL Address

BLK 526 HOUGANG AVENUE 6

#04-151

Postcode

530526

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 (including own vehicle)

.

involved in the accident
Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

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

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

# Circumstances of Accident

REFER TO POLICE REPORT - T/20190319/2045.

# 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

SFQ588K

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN HSIAO LENG

NRIC/Passport Number

S7233880D

Contact Number

98213678

Address

Postcode

Insurance Company Name

# Nature Of Damage

No. Of Passenger (Including Driver)

# Name AFANDI BIN ALI Approximate Age Injuries Sustain BODY Injured person in which vehicle? FBG617K Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)
  - 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:
  - 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:

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

2

Name:

NRIC/FIN No.:

GIARMC SkerchPlanForm\_V3

Policyholder's Signature

Date & Time:

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

  The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

  Any false reporting may be referred to the traffic police department for investigation.

Date of accident	18/03/2019	(DD/MM/YY
Time of accident	07:30	(HH:MM
Exact location of accident	Along Road I Ang Mo Kro Avenue 3	

<b>国际</b> 国际企业企业主义。	DETAILS OF VEHICLE
Vehicle registration number	FBG 617 K
Vehicle make and model	Honda CBR 600RR (Motorcycle)
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

ALCOHOLD FOR THE LOCAL	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER						
Name	Affandi Bin Ali Male Female					
NRIC / Fin / Passport number	S 158 1174 I					
Contact	9270 1930					
Address	Apt Bik 526 Hougang Avenue 6 # 04-151 \$(530 526)					

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Affandi Bin Ali Male Female					
NRIC / Fin / Passport number	\$15811741					
Contact	9270 1930					
Address	Apt Bik 526 Hougang Avenue 6 # 04-151 S (530526)					
Email address						
Date of birth	17/01/1963					
Occupation	Indoor Outdoor					
Driving date pass	13/03/2013					

G G	ENERAL IN		THE ACCIDENT	<b>第34年</b>
Vas driver an employee of	Yes 🗆	Nop	10 42 4	Dungs
he insured's company?		tionship of the	driver and insured:	Uwner
ccident captured by camera?	Yes 🗆	Nod		
Veather condition	Clearer	Raining 🗆	Others:	
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No of passenger				(inclusive of driver
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Gender	Male 🗆	Female 🗆		
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Name				
Gender	Male o	Female 🗆		
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Gender	Male 🗆	Female		
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Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes 🗆	No 🗆		
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Reported to police?	Yes	No □ If	yes, please state wh	nich police station.
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Name				

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/ehicle registration number	SFQ 588 K
/ehicle make model	BMW
Name	Tan Hsiao Leng
NRIC / Fin / Passport number	S72 33880 D
Contact	9821 3678
CONTEGUE	1001 2012
	THIRD PARTY VEHICLE 2
this a signation number	
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
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AND THE RESIDENCE OF THE PARTY	THIRD PARTY VEHICLE 3
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Secretary of the second	THIRD PARTY VEHICLE 6
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Was injured conveyed to	Yes	No 🗆	1										
hospital by ambulance?	-						-				-		
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Name Injuries sustained Which vehicle person in?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No II	RED PI	ERSC	)N 5								
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No I	RED PI	ERSC	)N 5								
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Name Injuries sustained Which vehicle person in?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No II	RED PI	ERSC	)N 5								





1 of 3 Report No. T/20190319/2045

aon Of Origin gang N.P.C Tel No: 1800-4890999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report I 019 12:47	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	A POLICE AND A SHOWN AND A SHOWN		
Name o	f Informant OI BIN ALI		Address: APT BLK 526 HOUGANG AV 530526	VENUE 6 #04-151 SINGAPORE	
	/ ID No.: O / S15811	741	Contact No.: Home/Office:	Mobile: 92701930	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 56	Date of Birth: 17/01/1963	Type of Informant:		
Race: Malay			Language: English	Institution / School Name:	
Occupat Mechani (general)	cal enginee	ering technician	Driving Licence Information: Class: 2B,2A,2	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2019 07:30	Type of Location Straight Road
Location: Along Road 1 ANG MO KIO			1 10/00/2010 07:30	
Weather: Clear	Ros Dry	ad Surface:		Road Speed Limit:
Traffic Flow: One Way Type of Collisi	Tra	ffic Control: ffic Light - Wo		Traffic Volume: Moderate
	on:			Anyone conveyed by

Details of V	ehicle Involve	d				A STATE OF STATE OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBG617K	Motorcycle	HONDA	CBR600RR	Black	Slightly Damaged	0
SFQ588K	Car	BMW		Black	Damaged	0

Vehicle No.	Insurance Company	100000		AND SERVICE SERVICE
		Insurance No	Effective	Expiry Date
FBG617K	NTUC Income Insurance Co-Operative Limited	5091578830-01	02/06/2018	THE RESERVE AND PERSONS ASSESSMENT OF THE PE



T/20190319/2045

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT

Report No. T/20190319

Details of	Person	Involved	

Any Pedestrian I	nvolved: No	AL TENDE		VIII STATE	1 (1)(5)		
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian	Cross	ing: NA	
Rider	EDICH TELLINATED	CENTER OF				CALL PROPERTY AND ADDRESS.	
Name	AFFANDI BIN ALI			ID No.		S1581174I	
Related Vehicle	FBG617K (Motorcyc	Contact No. 927		2701930			
Hospital/Clinic	SENGKANG GENE LTD.	SENGKANG GENERAL HOSPITAL PTE. LTD.			of e & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	18/03/2019	The state of	Date Dis			3/2019	
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Sligh		

Driver		E HE ISBE JE	自由政治的其他問題	HAVE BUILDING	27000000
Name	TAN HSIAO LENG			ID No.	S7233880D
Related Vehicle	SFQ588K (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	CH CHEE		harge NIL	Control of the second
No. of Days gran	ted Medical Leave	NIL	Degree o	finjury NIL	Charles and the same of the

On 18/03/2019 at about 0730hrs, My motorbike was travelling along Ang Mo Kio Avenue 3. My motorbike was stationary at the red traffic light. Suddenly, I felt an impact from the rear. A car had hit onto the rear of my motorbike. The male driver called for ambulance and I was conveyed to Sengkang General Hospital. There is no CCTV at the location.





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

3 of 3

Report No. T/20190319/2045

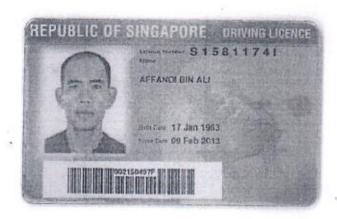
# Sketch Plan

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: F / Staff Sgt TEO HENG HENG, ROBIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2019 12:47
Officer In Charge Of Case:	Classification Of Case:
TP/GIT/	/h
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN	V//SNOW
SYED ABOUL WAHID ALHINDUAN	
Contact No.: 65476394	
Authentication Stamp NP168	ture:
Singapore Po	elias Fara - 1









<b>eBao</b> Tech		1000							Genera	alClaim
lello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chan	ge Password	Log Ou
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	E	8/03/2019	07:30	
	Vehicle No.(For Motor)	FBG61	7K		Certif	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 5091578830- 01		AFFANDI BIN	S15811741	GMC	Third Party, Fire & Theft	FBG617K	Statistica	02/06/2018	01/06/2019

	5091578830-01	Policyholder Name	AFFANDI E	BIN ALI	Policyholder NRIC	S1581174I	
Certificate No.					MATC		
Address	BLK 526 #04-151 HOUGANG A	VENUE 6 SING	APORE 5305	26			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/05/2018	Effective Date	02/06/201	8 00:00	Expiry Date	01/06/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own			200 20		
Party Excess	0	damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL		GST Flag	Υ	
Co- nsurance lag	No						
Open Policy Info							
nfo	holder Mailing Address						
nfo Policy	holder Mailing Address BLK 526 #04-151	Addre	ss 2	HOUGANG AVENU	JE 6	Address 3	SINGAPORE 530526
nfo Policy ddress 1		893000	ss 2 ss Type	HOUGANG AVENU		Address 3 Post Code	SINGAPORE 530526 530526
nfo Policy Address 1 Address 4		Addre	ss Type	A STATE OF THE PARTY OF THE PAR			
nfo Policyl Address 1 Address 4 Unit No.		Addre Relate	ss Type	Singapore address			
Address 1 Address 4 Unit No.	BLK 526 #04-151	Addre Relate	ss Type	Singapore address			

Certificate No.	AFFANDI BIN ALI				
Product Code	MOTORCYCLE INSURANCE	Cover Type		Policyholder NR3C	\$15811741
Contact No.(Mobile)	92701930	Contact No.(Office)	Third Party, Fire & Theft	Loading	0
Email Address	4.40.00	Special Remark	0	Contact No.(Home)	0
KPK	® No ○ Yes	TCA	® No ○Yes	eCode	10 V
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason Private Hire	144
□ Accident Details			**	Private rate	No
Report Date	21/03/2019 16:10	Accident Report Within 24 hrs	Yes	Acodest Type	Collision - Head to Rear
Date of Accident	18/03/2019	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK AVE 3				
* Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess  Benefits	0.00	Outside Singapore TP Excess			
⊕ GST Registered Inform	ation				
SST Registered	No		GST Registration Date		
ST Registration No.	100		GST Status Ventled	Yes	
fodification History					
Policyholder Mailing Ad	tit-a				
Address 1	BLK 526 #04-151	Address 2	HOUGANG AVENUE 6		75.000000000000000000000000000000000000
Address 4		Address Type	HOUGANG AVENUE 6 Singapore address	Address 3 Post Code	SINGAPORE 530526
Unit No.		Related Policy Number	5091578830-01	Post Code	530526
♥ OI Driver Info					
Driver Name	AFFANDI BIN ALI	Driver Type	Hain Driver		E MANAGEMENT
Innamed driver Name		Oriver NR3C	515811741	Driver DDB	17/01/1963
Legister Date of Driver License Contact No.(Mobile)		Driver Age	56	Driving Experience	6
iddress 1	92701930 BLK 526	Contact No.(Office)	0	Contact No.(Home)	0
Address 4	BLK 520	Address 2 Address Type	HOUGANG AVENUE 6 Singapore address	Address 3	SINGAPORE 530526
int No.	04-151	Numero Type	Singapore address	Post Code	530526
Does he own a Singapore	○ Yes  No	Driver Vehicle No.		Parameter State of the State of	
Registered car?		40141 441414 190		Driver Insurer Company	
eclaration					
ireathalyser or Blood Test leading?	0 mg	Any injury?	® Yes ○ No		
fodification History					
0.00					
Claim 001 New					
Claim 001 New	[GD,MN				
Claim 001 New	00-MX 🔽	Insured Name Contact No. (Home)	AFFANOI BIN ALI	Insured NRIC	\$15811741
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