

NATIONAL Assessment Centre Services (over 1 Jan 2019) *MAY 19 2019*

| | | | |
|----------------------------------|--|-----------------------|-------------------------|
| Date In: <i>03/06/2019 19:31</i> | Job description | Date & Time Completed | Done by |
| Ref No: <i>NB01904049</i> | SAS e-filing | | |
| Veh No: <i>SJX 599/L</i> | E-mail (within 4hrs, AIC 2hrs) | | |
| DOA: <i>03/06/2019 14:05</i> | I-Motor Claim Form | <i>mt1047443-001</i> | <i>03/06/2019 19:45</i> |
| OD: <i>TR</i> Reporting Only | I-Motor W/O (Within 01/2hrs, 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: Vch No: *SLN 5283B* 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%; F: 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: ()

Remarks: (INC hotline: 6788 6616) Date & Time Completed Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

NB01904049

| Claimant's Particulars: | Invoice Preparation Checklist | Am't (\$) Est Bill | Am't (\$) Add Bill |
|---------------------------------|---|-----------------------|-----------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2019) | | |
| | 6) TR: Re-inspection \$35 | | |
| | 7) N1: Idm DA + SMRT Survey \$160 | | |
| | 8) NTUC: Additional Services: | | |
| | () | | |
| | * N3: Courtesy Car / Tpt 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 | | |
| | * N12: Idm Mobile \$30 | | |

Auditors' Comments: _____

Cat. 1: _____

Cat. 2/3: _____

1 / 1 'd

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 | 03/06/2019 19:31 |
| Date Of Accident | 03/06/2019 14:05 |
| Exact Location Of Accident | QUEENSWAY TOWARDS JALAN BUKIT MERAH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJX5991L |
| Insured/Policyholder | |
| Name Of Registered Owner | NG KOK KENG |
| NRIC No | S1655680G |
| Email Address | QINGHAO97@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90098181 |
| Alternative Phone No | OTHERS-97976779 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | NISSAN |
| Model | TEANA |
| 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 | 5101777918 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | NG QING HAO |
| NRIC No | S9742130G |
| Date Of Birth | 20/11/1997 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/11/2017 |
| Driving Experience | 1 YEAR AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90098181 |
| Fax Number | |
| Contact Number | OTHERS-97976779 |
| EMail Address | QINGHAO97@GMAIL.COM |

| | |
|---|--------------------------|
| Address | 62 FARRER ROAD #05-06 |
| Postcode | 268847 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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 | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|----------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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) | 2 |
| Passenger 1 | NAME: : FATHER GENDER: : MALE |

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 | SLN5283B |
| Vehicle Make/Model/Colour | MITSUBISHI OUTLANDER |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NG CHER HEONG |
| NRIC/Passport Number | S7204253J |
| Contact Number | 97434395 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of 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.

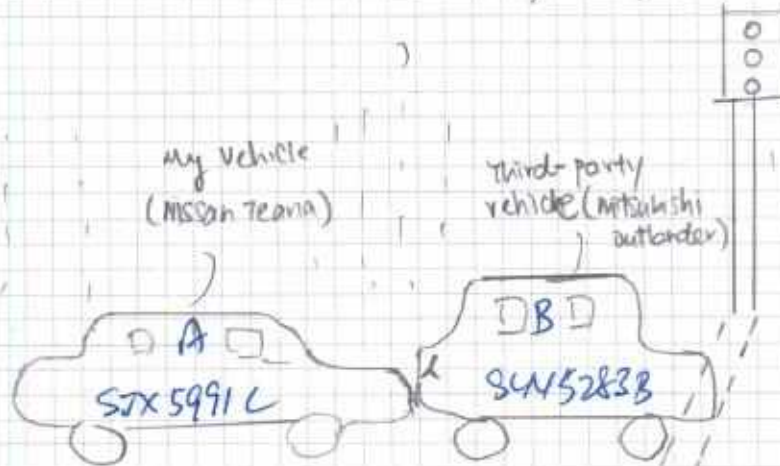
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Queensway Road towards Jalan Bukit Merah
Weather (heavy rain)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Third-party vehicle (Mitsubishi Outlander) was stopped at in front of the traffic light at Queensway road towards Jalan Bukit Merah. As I was approaching the traffic light behind his car, due to the heavy rain that was ongoing at the point in time, I ~~fasted~~ misjudged the braking distance between his ~~car~~ car and mine and our cars then collided after

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.:

Claim Handling

Accident NT/1047443

| | | | | | |
|----------------------|-----------------------|----------------------|--------------|----------------------|-----------|
| Policy No. | S101777918 | Vehicle No. | SIX5991L | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | NG KOK KENG | | | Policyholder NRIC | S1675680G |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Irva CLASSIC | Leading | 0 |
| Contact No. (Mobile) | 90098181 | Contact No. (Office) | | Contact No. (Home) | |
| Email Address | | Special Remark | | eCode | No * |
| KPI | + No Yes | TCA | + No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-------------------------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 03/06/2019 19:17 | Accident Report Within 14 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 03/06/2019 | Time of Accident (Minimum) | 14:05 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | QUEENSWAY TOWARDS JALAN BUKIT MERAH | | | | |

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|--------|-------------------|--------|
| Own Damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 2,500.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|------------------------|-----------|------------------|
| Address 1 | 61 FARRER ROAD | Address 2 | #05-06 SPANISH VILLAGE | Address 3 | SINGAPORE 268847 |
| Address 4 | | Address Type | Singapore address | Post Code | 268847 |
| Unit No. | | Related Policy Number | S101777918 | | |

OT Driver Info

| | | | | | |
|---|----------------|----------------------|------------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 20/11/1997 |
| Unnamed driver Name | NG QING HAO | Driver NRIC | S9742139G | Driving Experience | 0 |
| Register Date of Driver License | 03/11/2017 | Driver Age | 21 | Contact No. (Home) | |
| Contact No. (Mobile) | 97976779 | Contact No. (Office) | | Address 3 | SINGAPORE 268847 |
| Address 1 | 61 FARRER ROAD | Address 2 | #05-06 SPANISH VILLAGE | Post Code | 268847 |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 05-06 | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | SIX5991L | Driver Insurer Company | NTUC |

| | | | | | |
|-------------------------------------|------|-------------|--------|--|--|
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes No | | |

Modification History

Claim 001 New

| | | | | | |
|-------------------------|-----------------------------------|--------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | NG KOK KENG | Insured NRIC | S1675680G |
| Contact No. (Mobile) | 90098181 | Contact No. (Home) | NIL | Contact No. (Office) | |
| Email Address | | DI Vehicle Number | SIX5991L | TP Vehicle Number | SLN5283B |
| Claim Description | SIX5991L / SLN5283B ON 3 Jun 2019 | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Putty at Fault | | |
| Damage No. Finalisation | Yes | Insured Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | | | | Claim Close Date | 03/06/2019 19:44 |
| Report Taken By | | | | Date Received | 03/06/2019 00:00 |

Print As letter

Save Submit

Attachment

| | | | |
|----------------------------|------------|-----------------------|------------------------|
| Accident No. | NT/1047443 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 03/06/2019 19:45 |
| Path * | | Category * | Confidential Urgency * |
| 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 | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|------------|--|----------|---------|-----------------|----------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | Photos | Normal | Photos 2019-6-3 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | Photos | Normal | Photos 2019-6-3 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | Photos | Normal | Photos 2019-6-3 | |

| | | | | |
|--|--|-----------------------|--------|--------------------------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | Photos | Normal | Photos 2019-6-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | Photos | Normal | Photos 2019-6-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | Photos | Normal | Photos 2019-6-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | Photos | Normal | Photos 2019-6-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | Photos | Normal | Photos 2019-6-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | SAS | Normal | SAS 2019-6-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 19:45 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-6-3 |

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 06 / 2019) (DD/MM/YYYY), TIME: (14 : 05) (HH:MM)

LOCATION: Queensway road towards Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 5911L
 b) INSURANCE COMPANY: NINE INCOME
 c) POLICY NUMBER: 510177918
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan Teana
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 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: Ng Kok Keng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1655480G CONTACT: 9209 8181
 c) ADDRESS: 62 Farver Road #05-06, Spanish Village

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Qing Hao (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9742130G CONTACT: 9797 6779
 c) ADDRESS: 62 Farver Road #05-06, Spanish Village

* d) DATE OF BIRTH: (20 / 11 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02 Nov 2017

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

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: SLN 5283 8 MODEL: Mitsubishi Outlander
 b) DRIVER'S NAME: Ng Quee Heang
 c) NRIC/FIN/PASSPORT: S7204253J CONTACT: 9143 4395

9. THIRD PARTY VEHICLE

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

email = qinghao97@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9742130G



Name

NG QING HAO

黄庆豪

Race

CHINESE

Date of birth

20-11-1997

Country of birth

SINGAPORE

Sex

M



For LMY/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9742130G

Name

NG QING HAO

Birth Date: 20 Nov 1997

Issue Date: 02 Nov 2017



4828276

NRIC No. S9742130G



Date of issue

17-02-2012

Address

62 FARRER ROAD
#05-06
SINGAPORE 268847

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 02 Nov 2017

NP 429A



For LKK/NAC Use Only

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

03/06/2019 17:01

Vehicle No.(For Motor)

SJX5991L

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5101777918 | | NG KOK KENG | S1655680G | GPC | drive CLASSIC | SJX5991L | SJX5991L | 28/06/2018 | 27/06/2019 |