

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

MANA 19/35780

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 11/10/2009 17:46 | Job description | Date & Time Completed | Done by |
| Ref No: XBAUC19018000/4 | SAS e-filing | | |
| Veh No: FRK 1661D | E-mail (4 jobs 2hrs, AIC 2hrs) | | |
| D.O.A: 10/10/2009 18:50 | 1-Motor Claims Form | 11/10/2009 18:09 | |
| OD: TP: Reporting Only | 1-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner / Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SGP 8988E | 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: () | | |
| Remarks: | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

| | |
|------------|--|
| Injury: | |
| Date/Time: | |
| Accident: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---------------------------------|--|
| MANA 1767 | |
| Claims Particulars: | |
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Engr-In-Charge): | |
| Architect's Comments: | |
| Sal. L: | |
| 2/3: | |

| | |
|---|-------------|
| 1) AR: Accident Reporting (\$30) | |
| 2) DA: Damage Assessment (\$100) INC (\$10) | |
| 3) TP: Towing Fee \$40/\$45 | |
| 4) PT: Follow-Through Survey \$120 | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| For claiming against INC Only (ver 10 Jan 2003) | |
| 6) TR: Re-inspection \$75 | |
| 7) NI: Ideas DA + SMRT Survey \$160 | |
| 8) NTUC Additional Services: | |
| ON: | |
| *N5: Courtesy Car / Tpl Allowance \$3 | |
| *N6: Repairs Coordination \$10 | |
| *N7: Post Repair Inspection \$23 | |
| *N8: DV / Collect Excess Coordination \$3 | |
| TP (NI) / TP (Non INC) against INC \$20 | |
| 9) NI: Ideas Mobile \$0 | |
| Invoice dated | Fee Charged |
| Invoice dated | 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 | 11/10/2019 17:56 |
| Date Of Accident | 10/10/2019 18:50 |
| Exact Location Of Accident | DUNEARN ROAD JUST BEFORE NEWTON ROUNDABOUT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | FBK1661D |
| Insured/Policyholder | |
| Name Of Registered Owner | SAMUEL NG SOO HWEE (HUANG SHUHUI) |
| NRIC No | S7819339E |
| Email Address | SAMNG78@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96796680 |
| Alternative Phone No | OTHERS-96796680 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HONDA |
| Model | NC700SA-670CC |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO CHURCH |
| 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 | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5071228580-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------------|
| Name of Driver | SAMUEL NG SOO HWEE (HUANG SHUHUI) |
| NRIC No | S7819339E |
| Date Of Birth | 08/07/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/08/2003 |
| Driving Experience | 16 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96796680 |
| Fax Number | |
| Contact Number | OTHERS-96796680 |
| Email Address | SAMNG78@GMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 333 CLEMENTI AVENUE 2 #1-88 |
| Postcode | 120333 |
| 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 | DRY |

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) | 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 | SGP8988E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| 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: 11/10/2019
17:23

Driver's Signature

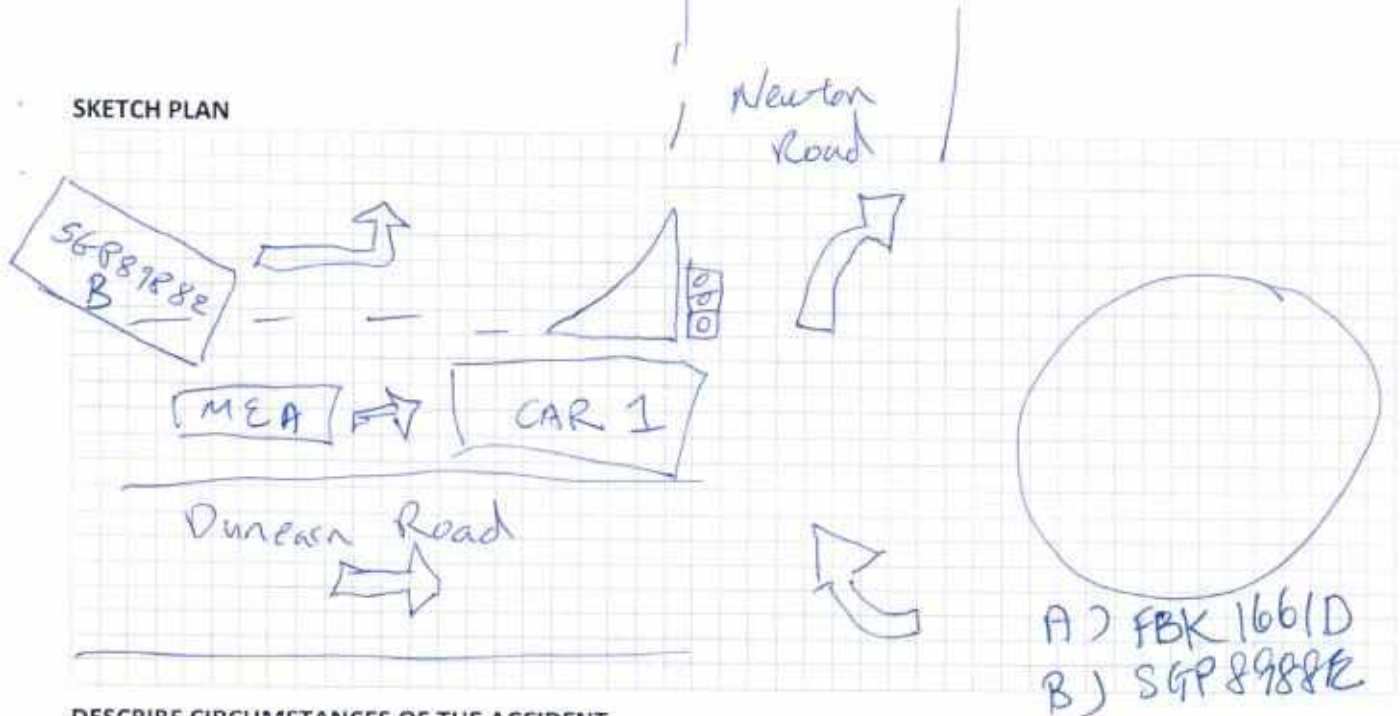
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary behind car 1 waiting for green light.
 Car SGP 8988E attempted to turn right into my lane.
 Her car bump into my rear left box. Her car continue
 to push on my bike. ~~gestured~~ Then I move forward
 and stopped. I wanted to exchange particulars but driver
 just took out his phone and point at me.
 I went back on my bike and left.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 11/10/2019

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


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

Claim Handling

Accident NT/106538

| | | | | | |
|---------------------|--|----------------------|--|----------------------|-----------------------------------|
| Policy No. | 1071228580-03 | Vehicle No. | FBK1661D | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SAMUEL NG SOO HWEE | Cover Type | Comprehensive | Policyholder NRIC | 57819339E |
| Product Code | MOTORCYCLE INSURANCE | Contact No.(Office) | | Leading | 0 |
| Contact No.(Mobile) | 96796680 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="checkbox"/> No <input type="checkbox"/> Yes | eCode | <input type="button" value="No"/> |
| e/R | <input type="checkbox"/> No <input type="checkbox"/> Yes | NCD End(Entirety)(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|------------|
| Report Date | 11/10/2019 18:06 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 10/10/2019 | Time of Accident (h:mm) | 18:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | IDM No. | |
| Accident Location | DUNBURN ROAD JUST BEFORE NEWTON ROUNDABOUT | | | | |

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|--|
| Own Damage Excess | 500.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 323 #11-08 | Address 2 | CLEMENT AVENUE 2 | Address 3 | SINGAPORE 120333 |
| Address 4 | | Address Type | Singapore address | Post Code | 120333 |
| Unit No. | | Related Policy Number | 1071228580-03 | | |

OT Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | SAMUEL NG SOO HWEE | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | 57819339E | Driver DOB | 06/07/1978 |
| Register Date of Driver License | 14/04/2000 | Driver Age | 41 | Driving Experience | 19 |
| Contact No.(Mobile) | 96796680 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 323 #11-08 | Address 2 | CLEMENT AVENUE 2 | Address 3 | SINGAPORE 120333 |
| Address 4 | | Address Type | Singapore address | Post Code | 120333 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Driver Vehicle No. | FBK1661D | Driver Insurer Company | NTUC |

| | |
|-------------------------------------|---|
| Declaration | |
| Breathalyzer or Blood Test Reading? | 0 mg |
| Any Injury? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Modification History

Claim 001

| | | | | | |
|---------------------|--|-------------------|----------------------------------|---------------------|------------------|
| Claim Type * | OD-ND | Insured Name | SAMUEL NG SOO HWEE | Insured NRIC | 57819339E |
| Contact No.(Mobile) | 96796680 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | samng78@gmail.com | Vehicle Number | FBK1661D | TP Vehicle Number | SG99988E |
| Claim Description | FBK1661D / SAM9988E ON 10 Oct 2019 | | | | |
| Preferred Workshop | <input type="button" value="Insured Liability"/> <input type="button" value="Not at Fault"/> | Insured Liability | Not at Fault | GIA report | Received |
| Estimate No. | | Repair Option | Preferred Workshop, Name unknown | | |
| Date Registered | 11/10/2019 18:06 | Claim Close Date | | Date Received | 11/10/2019 00:00 |
| Report Taken By | ROSLI WANAB | | | | |

☐ Print AK letter

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | NT/106538 | Claim No. | 001 |
| Link Doc. Received | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Upload Date | 11/10/2019 18:09 |

| | | | | |
|---|--|---|---|---------------|
| Path * | Category * | Confidential | Urgency * | Description * |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="Clear"/> NO | <input type="button" value="Clear"/> Normal | |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="Clear"/> NO | <input type="button" value="Clear"/> Normal | |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="Clear"/> NO | <input type="button" value="Clear"/> Normal | |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="Clear"/> NO | <input type="button" value="Clear"/> Normal | |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="Clear"/> NO | <input type="button" value="Clear"/> Normal | |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="Clear"/> NO | <input type="button" value="Clear"/> Normal | |
| <input type="button" value="Message Read"/> | <input type="button" value="Clear"/> Please Select | <input type="button" value="Clear"/> NO | <input type="button" value="Clear"/> Normal | |

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent (CO) |
|------------|--|----------|---------|-------------------|---------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | Photo | Normal | Photos 2019-10-11 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | Photo | Normal | Photos 2019-10-11 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | Photo | Normal | Photos 2019-10-11 | |

10/11/2019

Claim Handling(accident reporting Claim Task)

| | | | | | |
|--|--|----------------------|---|--------|---------------------------------|
| | NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | Photos | | Normal | Photos 2019-10-11 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | Photos | | Normal | Photos 2019-10-11 |
| | NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | Photos | | Normal | Photos 2019-10-11 |
| | NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | Photos | | Normal | Photos 2019-10-11 |
| | NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | NAC/ Driving License | Y | Normal | NAC/ Driving License 2019-10-11 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 18:09 | SAS | | Normal | SAS 2019-10-11 |

Video List:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 10 / 2019) (DD/MM/YYYY), TIME: (18 : 50) (HH:MM)

LOCATION: Burnear Road / Newton Roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBX 1661 D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 50712285 80-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA NC700S
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going to church
 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: SAMUEL NG SIO KWEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9819337E CONTACT: 96796680
 c) ADDRESS: 333 Clement Ave 2 #11-88 120333

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: AP. ABRAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (28 / 07 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SKP 8988E MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No. of passengers
 (including driver)

(1)

* No. of passengers
 (including driver)

()

* No. of passengers
 (including driver)

()

email = simng78@gmail.com

VIDEO

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="10/10/2019 17:26"/> |
| Vehicle No.(For Motor) | <input type="text" value="FBK1661D"/> | 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"/> | 5071228580-03 | | SAMUEL NG SOO HWEE | S78193339E | GMC | Comprehensive | FBK1661D | FBK1661D | 21/10/2018 | 20/10/2019 |