

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	18/07/2020 09:24
Date Of Accident	16/05/2020 12:45
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD616D
Insured/Policyholder	
Name Of Registered Owner	ANG KIAN PENG
NRIC No	SXXXX246J
Email Address	BITZ08JP@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98199754
Alternative Phone No	OTHERS-98199754
Vehicle Particulars	
Manufacturer	YAMAHA
Model	TMAX530-530CC (DX)
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110934332
Cover Note Number	
Driver	
Name of Driver	ANG KIAN PENG
NRIC No	SXXXX246J
Date Of Birth	24/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2007
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98199754
Fax Number	
Contact Number	OTHERS-98199754
Email Address	BITZ08JP@YAHOO.COM.SG

Address	BLK 139 PETIR ROAD #03-444
Postcode	670139
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?	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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200520/2045

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	UNKNOWN
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)

DETAILS OF INJURED PERSON 1

Name ANG KIAN PENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBD616D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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.

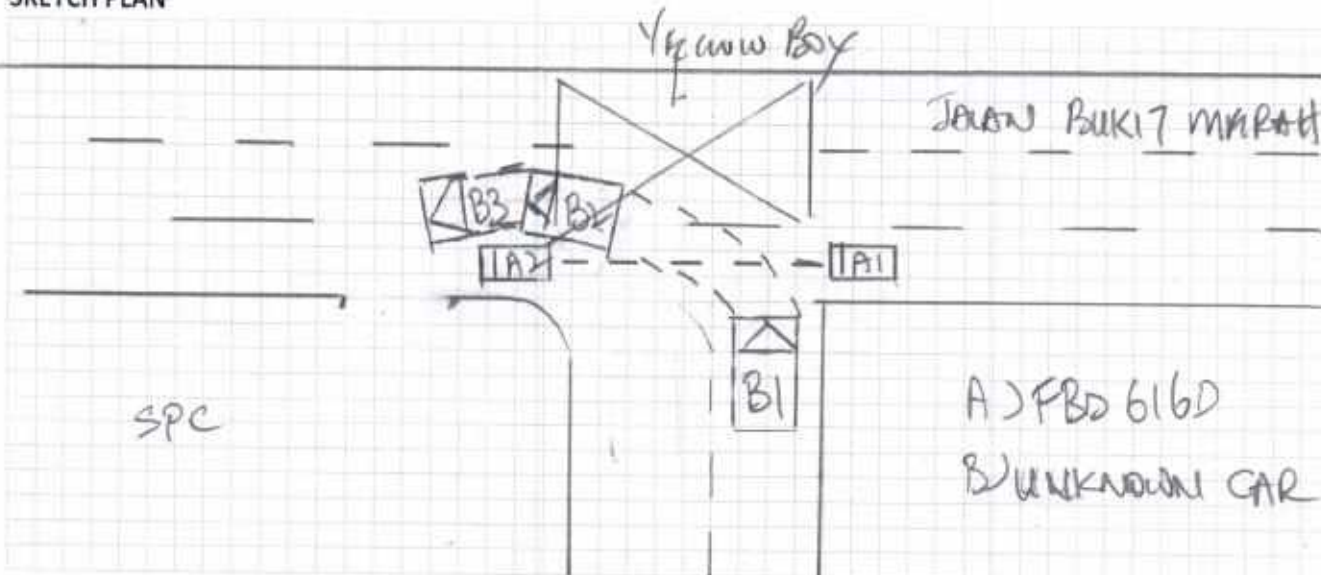
17/07/2020 1618

Policyholder's Signature
Date & Time:

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

18/07/2020
Reporting Centre Personnel's Signature
Name: Resli Waffan
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT *Rhodri Closh*

REFER TO POLICE REPORT 7/20200520/2045

DECLARATION

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

17/07/2020 1618

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 05 / 2020 (DD/MM/YYYY), TIME: 12 : 45 (HH:MM)

LOCATION: Along Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 616 D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5110934332
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha Tmax 530
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: Ang Kian Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 8339246 J CONTACT: 98199754
c) ADDRESS: Blk 139 Petir Road #03-444 S'pore 670139

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 24 / 11 / 1983 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 11 Sep 2007

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: Bukit Pangang

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown Car 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: _____

Email = Bitz08jp@yahoo.com.sg

VIDEO



SINGAPORE POLICE FORCE



T/20200520/2045

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20200520/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/05/2020 15:45		Vide Report No.:		Station Diary No.: 46	
Informant's Particulars					
Name of Informant: ANG KIAN PENG			Address: APT BLK 139 PETIR ROAD #03-444 SINGAPORE 670139		
ID Type / ID No.: NRIC NO / S8339246J			Contact No.: Home/Office: Mobile: 98199754		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 24/11/1983	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FOOD DELIVERY MAN			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/05/2020 12:45	Type of Location: Straight Road
Location: Along Road 1 JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBD616D	Motorcycle	YAMAHA	TMAX 530 CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD616D	NTUC Income Insurance Co-Operative Limited	5110934332	04/07/2019	28/10/2020



**SINGAPORE
POLICE FORCE**



T/20200520/2045

Police Station Of Origin:

Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

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Report No. T/20200520/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG KIAN PENG	ID No.	S8339246J
Related Vehicle	FBD616D (Motorcycle)	Contact No.	98199754
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	16/05/2020	Date Discharge	19/05/2020
No. of Days granted Medical Leave	21	Degree of Injury	Slight

Brief Details.

On 16th May 2020, I was travelling along Jln Bt Merah towards Henderson Rd on my White Yamaha T-Max motorcycle, FBD616D. It was a 3 lane road and I was on the 3rd lane. Somewhere near to junction of Jln Bt Merah and Redhill Close before the SPC petrol kiosk, I saw a dark colour car at Redhill Close which was about to exit into Jln Bt Merah. I remembered there was a stop line at Redhill Close however the car did not stop and quickly exit into Jln Bt Merah.

The car entered Jln Bt Merah in between the 2nd and 3rd lane(which I was in). As the car exited into Jln Bt Merah in high speed, I tried my best to avoid it by keeping to the left most of the 3rd lane.

I ended up in between the car and the pavement on the left as I was avoiding the car. Suddenly, without signaling, the car made a left turn into the SPC petrol kiosk. This caused the front left side of the car to hit the right side of my motorcycle. The collision caused me to be thrown off my motorcycle.

I could not remember much after that. I only remembered some passerby talking to me, Traffic Police arriving and taking my handphone number and the ambulance coming and sending me to hospital. Also, as the accident happened so fast, I could not remember some details like the car's make model and plate number.

When I was at the hospital, I was fortunate that I only suffered soft tissue bruising on my right arm, some abrasions on my right arm, slight fracture on my ribs and a cut on my right kidney.

On 18th May 2020, I received a call from Traffic Police stating that my motorcycle was with TP and advised me to lodge a traffic accident report as soon as I can. On 19th May 2020 I was discharged as my condition got better. I then proceeded to the police station on 20th May 2020 to lodge a Traffic Accident Report.



**SINGAPORE
POLICE FORCE**



T/20200520/2045

3 of 3

Report No: T/20200520/2045

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

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:

J /

Staff Sgt AHMAD AIDIL BIN JUMARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Signature Of Informant:

Date/Time:

20/05/2020 15:45

Classification Of Case:

Authentication Stamp

NP168



Claim Handling

Accident MT/1097190

Policy No.	5130834332	Vehicle No.	FBD618D	GST Registration No.	
Certificate No.					
Policyholder Name	ANG KIAN PENG			Policyholder NRIC	880292461
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98199754	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
e/FM	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/07/2020 09:51	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/07/2020	Time of Accident hh:mm	10:45	Country of Accident	Singapore
Reporting Centre		Orange Force		JCR No.	
Accident Location	ALONG SALAN BUKIT NEBAH				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
CO Standard Excess	0.00	TP Standard Excess	0.00		
NCD CO Excess	0.00	NCD TP Excess	0.00		
Additional Excess					
Total CO Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 119 A02-444	Address 2	PETER ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	070130
Unit No.		Related Policy Number	5130834332		

OT Driver Info

Driver Name	ANG KIAN PENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	883392461	Driver DOB	28/11/1988
Register Date of Driver License	22/03/2003	Driver Age	38	Driving Experience	18
Contact No.(Mobile)	98199754	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 119 A02-444	Address 2	PETER ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	070130
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	TRD618D	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	ANG KIAN PENG	Inu NRIC	
Contact No.(Mobile)	98199754	Contact No.(Home)	07678884	Contact No.(Office)	
Email Address	SITZIRIP@YAHOO.COM.SG	CI Vehicle Number	FBD618D	TP Vehi Nutt	
Claim Description	FBD618D / UNKNOWN CAR ON 16 May 2020				

Preferred Workshop		Injured Liability	Not at Fault	QSA report	Received
Consent No. Finalisation	Yes	Preferred Reper Option		Preferred Workshop, Name unknown	
Date Registered					18/07/2020 10:04
Report Taken By					ROSLE WAHAB
					Claim Close Date
					Date Recd

Print AX letter

Save Submit

Attachment

Accident No.	MT/1097190	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	18/07/2020 10:05	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

Clear	Please Select	▼	5/3	▼	Normal	▼
Clear	Please Select	▼	5/2	▼	Normal	▼
Clear	Please Select	▼	5/1	▼	Normal	▼

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:05	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:05	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:05	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:05	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:05	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:05	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:05	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:05	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 18 Jul 2020 10:04	SAS		Normal	SAS 2020-7-18

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

Hello, NAC_PAYA_UBI_800601

[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="16/05/2020 09:12"/>
Vehicle No. (For Motor)	<input type="text" value="FBD616D"/>	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"/>	5110934332		ANG KIAN PENG	S83392461	GMC	Third Party	FBD616D	FBD616D	04/07/2019	28/10/2020