

NATIONAL Assessment Centre Services. part 1 (2005)

MNA900065290

Date In: 03/08/2020 15:26/	Job description	Date & Time Completed	Done by
Ref No: N/A/INC00007980/Y	SAS e-illing		
Veh No: FBP 1689Z	E-mail (Sjula em, AIC Plus)		
DOA: 03/07/2020 13:35	I-Motor Claim Form	m1109872-001	03/08/2020
OD: TP / Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		16:55
TP Interer	I-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/Writer		

Preferred Wreck / INC Assign Wreck / QW: () Tolt () Fax ()

TP Particulars: Vch No: F28MP 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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

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

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

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

N/A 2009030

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA Damage Assessment (\$100)	INC (10)
Damaged Portion:	3) TP Towing Fee	\$40/\$45
QC Checked by (Bug-In-Charge):	4) PT Follow-Through Survey	\$110
	5) PT Follow-Through Survey (Resurvey)	\$30
	*Resurveying against INC Only (over 10 Jan 2009)	
	6) TR Re-inspection	\$75
	7) NI + 1 Day DA + 5MRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repairs Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect License Coordination	\$3
	TP (111) / TP (55) INC against 111G	\$10
	2) 111: Idea Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

03/08/2020

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	03/08/2020 15:26
Date Of Accident	06/07/2020 13:35
Exact Location Of Accident	ENTRANCE OF CARPARK BLK 622 BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	F8P1689Z
Insured/Policyholder	
Name Of Registered Owner	AW CHOON TECK
NRIC No	SXXXX831E
Email Address	CAW9148@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94453013
Alternative Phone No	OTHERS-94453013

Vehicle Particulars

Manufacturer	HONDA
Model	RR150
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107649931-01
Cover Note Number	

Driver

Name of Driver	AW CHOON TECK
NRIC No	SXXXX831E
Date Of Birth	14/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94453013
Fax Number	
Contact Number	OTHERS-94453013
Email Address	CAW9148@GMAIL.COM

Address BLK 412 BUKIT BATOK WEST AVENUE 4
#10-312

Postcode 650412

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 ON COLLISION

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 BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200714/2043

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 FZ3777P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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	AW CHOON TECK
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBP1689Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

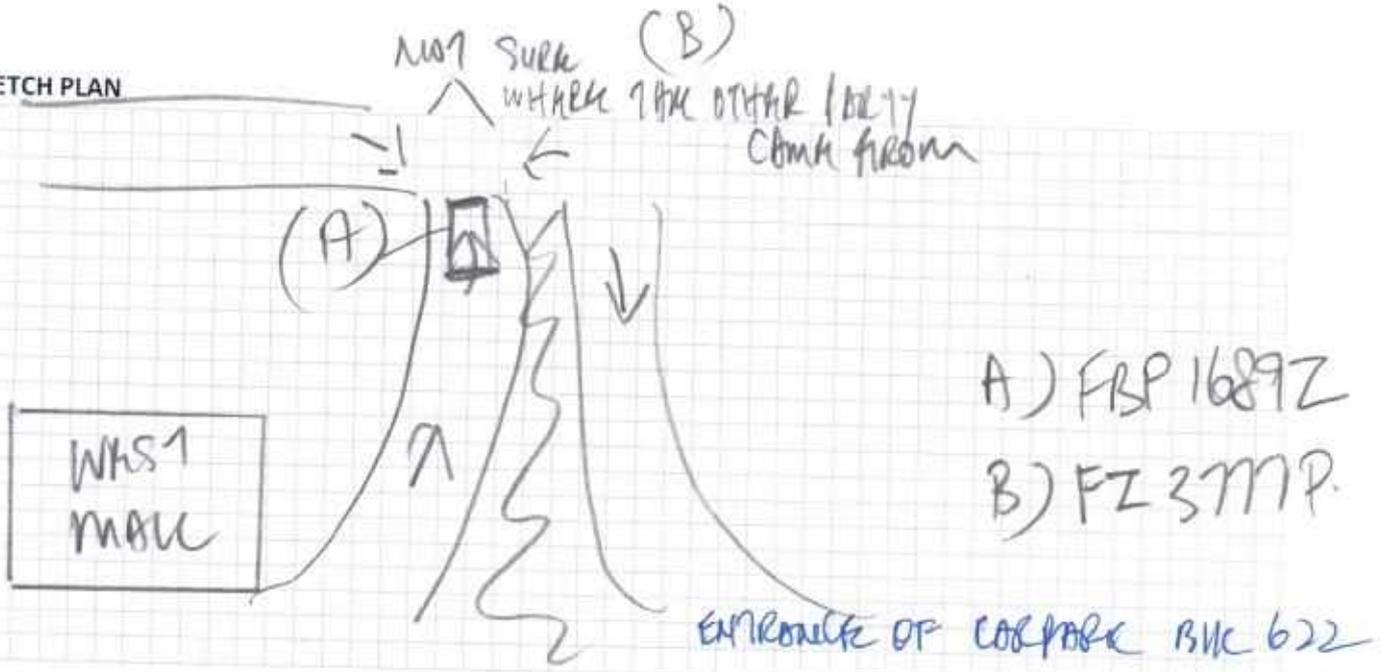
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/08/2020
Res Le

SKETCH PLAN



A) FRP 1689Z
 B) FZ 37MP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/20200714/2043

DECLARATION

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

[Signature]

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.:

[Signature] 03/08/2020
 Robi [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 06/07/2020 (DD/MM/YYYY), TIME: 13:35 (HH:MM)

LOCATION: ENTRANCE OF CARPARK BLK 622 BT BANGI CRL

1. DETAILS OF VEHICLE
- a) VEHICLE NUMBER: FBP 16892
 - b) INSURANCE COMPANY: NMC
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: _____
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 - 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: AN OGIOM TALL (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: 9265 2013
 - c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: AS ABAN (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

- * d) DATE OF BIRTH: 14/11/1989 (DD/MM/YYYY)
 - e) OCCUPATION: (INDOOR / OUTDOOR)
 - f) DATE OF DRIVING PASS: 2016/1971
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: BUK7 BANGI N.P.C

8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: F2 377P MODEL: PRO MOTOR CYCLE
 - 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 passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = CAW9148@GMAIL.COM
VIDEO



SINGAPORE POLICE FORCE



T/20200714/2043

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20200714/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2020 13:31	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: AW CHOON TECK		Address: APT BLK 412 BUKIT BATOK WEST AVENUE 4 #10-312 SINGAPORE 650412	
ID Type / ID No.: NRIC NO / S1343831E		Contact No.: Home/Office: 9846 0539 Mobile: 9445 3013	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 14/12/1959	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB FOOD DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2020 13:35	Type of Location:
Location: Along Road 1 BUKIT BATOK CENTRAL entrance of carpark B/622 Bt Batok Central area				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1689Z	Motorcycle	HONDA	RR150 MANUAL	Grey		0
FZ3777P	Motorcycle					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1689Z	NTUC Income Insurance Co-Operative Limited	5107649931-01	19/02/2020	18/02/2021



**SINGAPORE
POLICE FORCE**



T/20200714/2043

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 3

Report No. T/20200714/2043

CONTINUATION OF REPORT

Brief Details.

On 06-07-2020 at about 1:39 pm, I was riding my motor-cycle, FBP 1689 Z, along Bukit Batok Central, near to the entrance of car-park B/622 Bukit Batok Central; I was going straight towards the traffic light area. Suddenly, another motor-cycle, later established to be FZ 3777 P (I received a Traffic Police letter marked TP/IP/28729/2020, stating the other motor-cycle's registration number involved), perhaps coming out from the said car-park, just dashed through. I was not sure what happened then, but I fell on to the road, hurt. Eventually, I was conveyed to hospital by the ambulance.
In the Traffic Police letter, I was told to make a police report for the accident.



**SINGAPORE
POLICE FORCE**



T/20200714/2043

3 of 3

Report No. T/20200714/2043

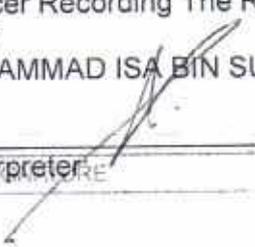
Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

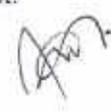
CONTINUATION OF REPORT

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: Sr Staff Sgt MUHAMMAD ISA BIN SULAIMAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390

Signature Of Informant: 
Date/Time: 14/07/2020 13:31
Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident NT/1088742

Policy No.	110764901-01	Vehicle No.	F9P1889Z	GST Registration No.	
Certificate No.		Driver Type	TRUCK PART, Tire & Tyre	Policyholder Name	AW CHOOH TECK
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Product Code	
Contact No. (Mobile)	94433011	Special Remark		Contact No. (Home)	
Email Address		TCA	Yes No	ICode	
NPI	No Yes	NCI Settlement (%)	20	eCode Region	
NCI Protection	No	Report Date	03/08/2020 16:46	Prorate Rate	No
Accident Details		Date of Accident	03/08/2020	Accident Type	Collision - Head on collision
Reporting Centre		Time of Accident (Months)	11/10	Country of Accident	Singapore
Accident Location	ENTRANCE OF CARPARK BLK 522 BUKIT BATOK CENTRAL				

Total Excess Applicable

Excess Type	Per ACCIDENT	Windscreen Excess	
GD Standard Excess	0.00	TP Standard Excess	0.00
YICD GD Excess	0.00	YICD TP Excess	0.00
Additional Excess		Total TP Excess Applicable	0.00
Total GD Excess Applicable	0.00	Driver is Covered?	Not Covered

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 412 410-332	Address 2	BUKIT BATOK WEST AVENUE 4	Address 3	SINGAPORE 650412
Address 4		Address Type	Singapore address	Post Code	650412
Unit No.	10-332	Related Policy Number	110764901-01		

GD Driver Info

Driver Name	AW CHOOH TECK	Driver Type	Main Driver	Driver DOB	24/12/1968
Unmerged driver Name		Driver NRIC	S1343831E	Driving Experience	42
Register Date of Driver License	20/08/1977	Driver Age	50	Contact No. (Home)	
Contact No. (Mobile)	94433011	Contact No. (Office)		Address 1	SINGAPORE 650412
Address 1	BLK 412 410-332	Address 2	BUKIT BATOK WEST AVENUE 4	Post Code	650412
Address 4		Address Type	Singapore address	Driver Insurer Company	WOLC
Unit No.	10-332	Driver Vehicle No.	F9P1889Z		
Does he own a Singapore registered car?	Yes No				

Declaration:

Breathalyzer or Blood Test Reading? 0 mg

Any Injury? Yes No

Modification History

Claim 001 New

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Report Taken By

Print Air letter

Save Submit

Attachment

Attachment	Uploaded By/Date	Category	Priority	Description	Max Size (KB)
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				

Attachment List

Attachment: NAC_BUKIT_MERAH_806676/NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Aug 2020 15:05

Category: Photos

Priority: Normal

Description: Photos 2020-8-3

Max Size: 100



NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Aug 2020 16:55	Photos	Normal	Photos 2020-8-3
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Aug 2020 16:55	Photos	Normal	Photos 2020-8-3
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Aug 2020 16:55	Photos	Normal	Photos 2020-8-3
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Aug 2020 16:55	Photos	Normal	Photos 2020-8-3
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NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Aug 2020 16:55	NRIC Driving License	9	NRIC Driving License 2020-8-3
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Aug 2020 16:55	SAS	Normal	SAS 2020-8-3

Video List

Uploaded By/Date	Folder/Date	File Name	Source
		Display in new window	Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

My Desktop
Notice of Loss

Change Language Change Password Log Out

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107649931-01		AW CHOON TECK	S1343831E	GMC	Third Party, Fire & Theft	FBP1689Z	FBP1689Z	19/02/2020	18/02/2021

Continue