

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA18087516

Date In 07/07/2018 11:11	Job description	Date & Time Completed	Done by
Ref No MAA/ACC180123814	SAS e-filing		
Veh No FT 1150S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 02/07/2018 13:20	i-Motor Claim Form	M/100226-001	07/07/2018
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:25
TP Insurer:	i-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: SHC4002H

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

MAA1804264

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

at 1:

at 2/3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) FT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
Q1*		
*N5: 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		
9) N12: Idac Mobile 30		

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 ability.
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	07/07/2018 11:11
Date Of Accident	02/07/2018 13:20
Exact Location Of Accident	ALONG HENDERSON ROAD TOWARDS DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT1150S
Insured/Policyholder	
Name Of Registered Owner	FEROZ KHAN BIN MOHAMED IQBAL
NRIC No	S7106834Z
Email Address	FEROZKHANIQBAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93391047
Alternative Phone No	OTHERS-93391047

Vehicle Particulars

Manufacturer	HONDA
Model	DEAUVILLE-647CC (A)
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	THIRD PARTY
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	5050332365-07
Cover Note Number	

Driver

Name of Driver	FEROZ KHAN BIN MOHAMED IQBAL
NRIC No	S7106834Z
Date Of Birth	20/02/1971
Occupation	INDOOR
Date Of Driving Pass	03/05/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93391047
Fax Number	
Contact Number	OTHERS-93391047
Email Address	FEROZKHANIQBAL@GMAIL.COM

Address	BLK 509 PASIR RIS STREET 52 #11-165
Postcode	510509
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 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180704/7008 & T/20180707/2021 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	MR BEN
Phone Number	98282899
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4002H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	THIAGARAJAN S/O MURUGAYAH
NRIC/Passport Number	S1235417G
Contact Number	87334665

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name FERUZ KHAN BIN MOHAMED IQBAL
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FT1150S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

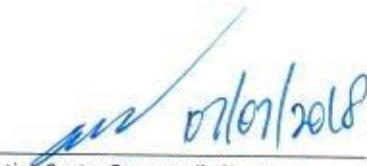
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

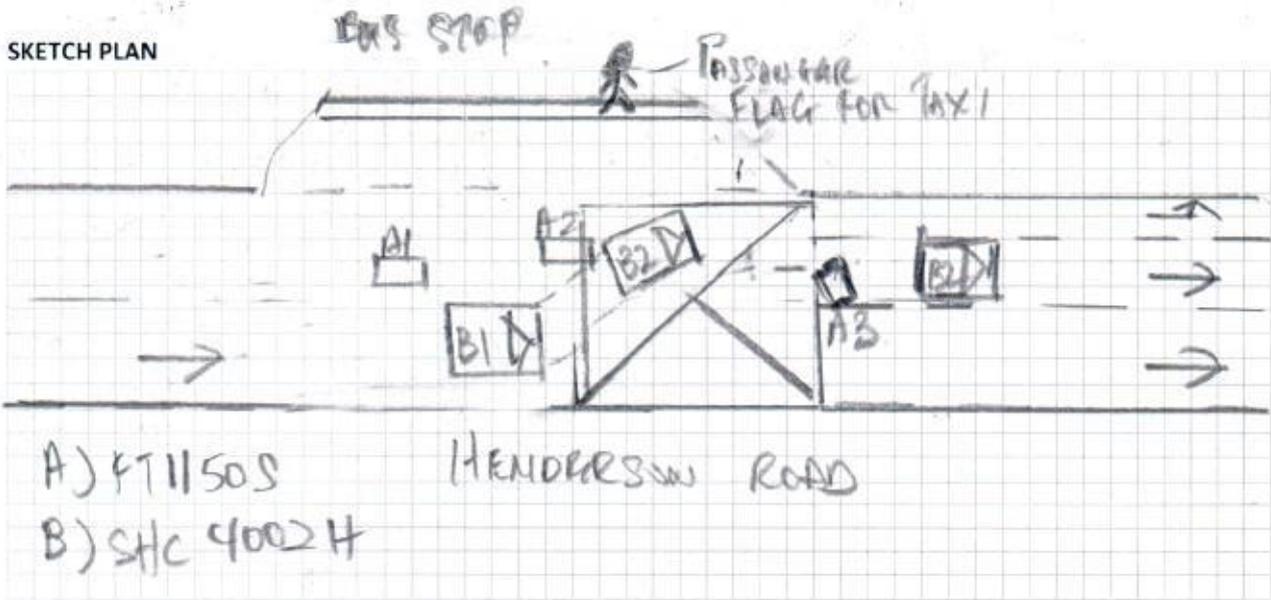
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


7/7/18 11:10 AM
Policyholder's Signature
Date & Time:

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


07/07/2018
Reporting Centre Personnel's Signature
Name: KOSLI WATTAR
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
 7/20/80707/2021

DECLARATION

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

[Signature]
 7/7/18 11:35 Hrs
 Policyholder's Signature
 Date & Time:

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: *Rashid Wahid*
 NRIC/FIN No.:



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FEROZ KHAN BIN MOHAMED IQBAL	ID No.	S7106834Z
Related Vehicle	FT1150S	Contact No.	93391047
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	THIAGARAJAN S/O MURUGAYAH SUPPIAH	ID No.	S1235417G
Related Vehicle	SHC4002H	Contact No.	87334665
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 2nd Jul 18 @ around 1320 Hrs, my motorcycle FT1150S met with an accident with a Taxi SHC4002H along Henderson Road.

I was from Telok Belangah Way (Left Lane) and had turned right to Henderson Road (Left Lane).

I noticed that Taxi SHC4002H on the Right Lane along Henderson Road saw a passenger flagging for it somewhere near the Bus Stop.

The taxi then make a sudden change of lane (from Right Lane) to the Left Lane cutting into my path. In order to avoid a collusion, I jammed my brakes and along the way skidded and fall to my right hand side. A witness 'Mr Ben' (contact number : 98282899) saw the accident and gave me his details in case a witness is required.

Police & Amulance were called and I was conveyed to Singapore General Hospital.



**SINGAPORE
POLICE FORCE**



T/20180704/7008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180704/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/07/2018 16:35

Classification Of Case:



T/20180707/2021

1 of 1

Case Summary Form (CSF)

Report No.T/20180707/2021

Manual Form Serial No 0
Report Number T/20180707/2021
Vide Report Number T/20180704/7008
Date/Time of Report Made 07/07/2018 09:47
Place Report Lodged Traffic Police Division HQ
Name of Informant TAN JUN HAO
ID Type / ID No. NRIC NO / S9531304C
Home/Office
Mobile
Email
Date/Time of Incident From 02/07/2018 13:20
Date/Time of Incident To
Incident Location HENDERSON ROAD SINGAPORE
Along Henderson Road; Towards Depot Road


T/20197
Sgt Tan Jun Hao

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5852999

Brief Facts

Additional Information for Traffic Accident Report Vide: T/20180704/7008 -

- 1) During the same day of the traffic accident, complainant was being conveyed by the ambulance to Singapore General Hospital. Shortly after, complainant was discharged on the same day and received a total of 3 days MC (02/07/2018 - 04/07/2018), Medical Certificate Number: EMD2018247971;
- 2) On the 04/07/2018, complainant went to consult a doctor for his injuries and received another 2 days MC (05/07/2018 - 06/07/2018), Medical Certificate Number: 0000149440;
- 3) In the process of avoiding the collision the front right portion of Complainant's motorbike collided with the rear left portion of the taxi. Thus resulting in the rear left bumper of the taxi to sustain minor damages;
- 4) The damages sustained by complainant's motorbike is currently being assessed.

Case Sensitivity No
Officer-in-Charge of Case TP / Traffic Police Department Investigation Branch /
MOHAMMAD ABDILLAH BIN PALIL
Contact No. 65476246
Classification of Case 1) NO OFFENCE DISCLOSED

Claim Handling

Accident MT/1002026

Policy No.	5050332365-07	Vehicle No.	FT11505	GST Registration No.	
Policyholder Name	FEROZ KHAN BIN MOHAMED IQBAL			Policyholder NRIC	S7106834Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93391047	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection -	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	07/07/2018 12:19	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/07/2018	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HENDERSON ROAD TOWARDS DEPOT ROAD				

▼ Benefits

▼ Excess			
Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 509 #11-165	Address 2	PASIR RIS STREET 52	Address 3	SINGAPORE 510509
Address 4		Address Type	Singapore address	Post Code	510509
Unit No.		Related Policy Number	5050332365-07		

▼ OI Driver Info

Driver Name	FEROZ KHAN BIN MOHAMED IQBAL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7106834Z	Driver DOB	20/02/1971
Register Date of Driver License	08/07/1989	Driver Age	47	Driving Experience	28
Contact No.(Mobile)	93391047	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 509 #11-165	Address 2	PASIR RIS STREET 52	Address 3	SINGAPORE 510509
Address 4		Address Type	Singapore address	Post Code	510509
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FT11505	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	FEROZ KHAN BIN MOHAMED IQ	Insured NRIC	S7106834Z
Contact No.(Mobile)	93391047	Contact No.(Home)	65833825	Contact No.(Office)	
Email Address	ferozkhanibqbal@gmail.com	OI Vehicle Number	FT11505	TP Vehicle Number	SHC4002H
Claim Description	FT11505 / SHC4002H ON 2 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/07/2018 12:22	Claim Close Date		Date Received	07/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1002026	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/07/2018 12:25
Path *		Category *	
Choose File No file chosen		Confidential	NO
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Descr	

UKIT MERAH)) on 07 Jul 2018 12:22



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 12:22

Photos

Normal

Photos 2018-7-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 12:22

Photos

Normal

Photos 2018-7-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 12:22

Photos

Normal

Photos 2018-7-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 12:22

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-7-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 12:22

SAS

Normal

SAS 2018-7-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (22/07/2018) (DD/MM/YYYY), TIME: (13:20) (HH:MM)

LOCATION: ALONG HENDERSON ROAD, EDWARDS DEPOT ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT 11503
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5050332865-07
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: PRIVATE
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: FEROZ KHAN BIN MOHAMED IGBAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7106834Z CONTACT: 93391047
c) ADDRESS: BLK 509 PASIR RES ST 52 #11-165
SINGAPORE 510507

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHL400ZH MODEL: _____
b) DRIVER'S NAME: THIAGARAJAN S/O MURUGAYAH SUPPIAH
c) NRIC/FIN/PASSPORT: S12354176 CONTACT: 87334665

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7106834Z



Name
FEROZ KHAN BIN MOHAMED IQBAL

Race
INDIAN

Date of Birth
20-02-1971

Country of Birth
SINGAPORE

Sex
M

S7106834Z



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7106834Z**

Name
FEROZ KHAN BIN MOHAMED IQBAL

Birth Date: **20 Feb 1971**

Issue Date: **23 Apr 2004**

001203213A



1025480



NRIC No. **S7106834Z**



Blood Group: **A+** Date of issue: **12-06-1993**

APT BLK 409 PAIR HIS STREET 52 #11-165
SINGAPORE 570609
NRIC No: **S7106834Z** Date: **29/11/2007** No: **5835415**

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

	PASS DATE
Class 2B Motor cycles <= 200 CC	08 Jul 1999
Class 2A Motor cycles between 201 CC and 400 CC	08 Jul 1999
Class 2 Motor cycles > 400 CC	03 May 2011
Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Jan 1999

S7106834Z S/No. 9000146508

NP 428A Licence No: **S7106834Z**



Hello, NAC_BUKIT_MERAH_800676

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

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5050332365-07	FEROZ KHAN BIN MOHAMED IQBAL	S7106834Z	GMC	Third Party	FT1150S	FT1150S	09/05/2018	08/05/2019