

NATIONAL Assessment Centre Services (wef 1 Jan 05) NA1805623			
Date In: 08/09/2008 19:13	Job description	Date & Time Completed	Done by
Ref No: NBA/NA1805623/00001	SAS e-filing		
Veh No: SLC 4904H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/09/2008 08:00	i-Motor Claim Form	NA1805623-001	08/09/2008 19:31
OD / TP: Reporting Only	i-Motor W/O (Within: OD 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:	Veh No: PROTESTA	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

NA1805623	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (N11 INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile \$0			
Cat. 2 / 3:	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	03/09/2018 19:13
Date Of Accident	03/09/2018 08:00
Exact Location Of Accident	JUNCTION OF BT PANJANG RING ROAD/BT PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4904H
Insured/Policyholder	
Name Of Registered Owner	FARAH NORLIZA BINTE GAZALI
NRIC No	S8435459G
Email Address	FADZLI.GAZALI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87786585
Alternative Phone No	OTHERS-87786585

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING TO WORK
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	5080385972-02
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FADZLI BIN GAZALI
NRIC No	S8037559Z
Date Of Birth	24/11/1980
Occupation	INDOOR
Date Of Driving Pass	30/09/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87786585
Fax Number	
Contact Number	OTHERS-87786585
Email Address	FADZLI.GAZALI@GMAIL.COM

Address	BLK 126 PENDING ROAD #02-296
Postcode	670126
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180903/2075

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	PEDESTRIAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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.

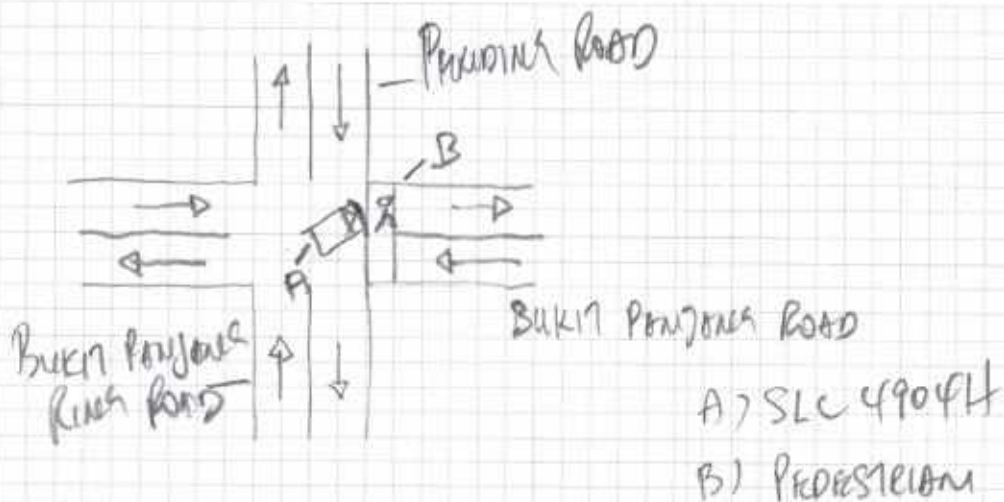
3/9/18

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
170180903/2075

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.:



SINGAPORE POLICE FORCE



T/20180903/2075

1 of 3

Report No. T/20180903/2075

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2018 15:11	Vide Report No.: J/20180903/0080	Station Diary No.: 28
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Informant's Particulars

Name of Informant: MOHAMMAD FADZLI BIN GAZALI			Address: APT BLK 126 PENDING ROAD #02-296 SINGAPORE 670126	
ID Type / ID No.: NRIC NO / S8037559Z			Contact No.: Home/Office:	Mobile: 87786585
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 24/11/1980	Type of Informant: Driver	
Race: Bugis			Language: English	Institution / School Name:
Occupation: PROPERTY OFFICER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/09/2018 08:00	Type of Location:
Location: Junction of Road 1 and Road 2 BUKIT PANJANG RING ROAD BUKIT PANJANG ROAD At junction from Bukit Panjang Ring Road turning right into Bukit Panjang Road towards Bukit Panjang Flyover.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC4904H	Car	TOYOTA	SIENTA 1.5G A	Brown		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180903/2075

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20180903/2075

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD FADZLI BIN GAZALI	ID No.	S8037559Z
Related Vehicle	SLC4904H (Car)	Contact No.	87786585
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 03/09/2018 at about 0800hrs, I was driving along Bukit Panjang Ring Road and arrived at the junction of Bukit Panjang Ring Road and Bukit Panjang Road. I was turning right into Bukit Panjang Road towards Bukit Panjang Flyover. I did not immediately turn as there was oncoming traffic therefore I was waiting in the middle of the junction. At this point of time the pedestrian crossing light was still flashing green. When the traffic light shows the green arrow for right turn and the pedestrian crossing light was red, I started turning right into Bukit Panjang Road. It was only when I turned into Bukit Panjang Road that I saw a old Chinese lady still on the pedestrian crossing coming from my right side. I jammed brake immediately but the front right side of my car still hit her left side. She fell to the ground. I immediately stopped my car at the side and together with other onlookers helped her to the side of the road. I then called for ambulance immediately. The ambulance arrived shortly followed by the Traffic Police. The lady was conveyed to Ng Teng Fong hospital. I was then advised by the traffic police officer to lodge a Traffic Accident Report. That is all.



**SINGAPORE
POLICE FORCE**



T/20180903/2075

3 of 3

Report No. T/20180903/2075

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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:

A /
Staff Sgt CHIA CHEE PIN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
03/09/2018 15:11

Classification Of Case:

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168



Signature

Singapore Police Force

Claim Handling

Accident MT/100959

Policy No.	5080385972-02	Vehicle No.	SLC4904H	GST Registration No.	
Certificate No.					
Policyholder Name	FARAH NORLIZA BINTE GAZALI			Policyholder NRIC	S8435459G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87786585	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KYC	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	03/09/2018 19:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision into Pedestrian
Date of Accident	03/09/2018	Time of Accident (hr:min)	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BT PANJANG RING ROAD/BT PANJANG ROAD				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	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.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 489C #13-219	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SUNSHINE GARDENS
Address 4	SINGAPORE 683489	Address Type	Singapore address	Post Code	683489
Unit No.	13-219	Related Policy Number	5080385972-02		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/11/1980
Unnamed driver Name	MOHAMMAD PADZLI BIN GAZAL	Driver NRIC	S8037559Z	Driving Experience	7
Register Date of Driver License	30/09/2010	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	87786585	Contact No.(Office)		Address 1	SINGAPORE 670126
Address 1	BLK 126 #02-296	Address 2	PENDING ROAD	Post Code	670126
Address 4		Address Type	Foreign address		
Unit No.	02-296	Driver Vehicle No.	SLC4904H	Driver Insurer Company	ATI/C
Does he own a Singapore Registered car?	+ Yes - No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001

Claim Type *	GD-PKX	Insured Name	FARAH NORLIZA BINTE GAZALI	Insured NRIC	S8435459G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SLC4904H	TP Vehicle Number	PEDEE
Claim Description	SLC4904H / PEDESTRIAN ON 3 Sept 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Report No. Finalisation	Yes	Preferred Workshop	Preferred Workshop: Name unknown	GLA report	Received
Date Registered					
Report Taken By		Claim Close Date	03/09/2018 19:35	Date Received	03/09/2018
Print A&L letter					

Save Submit

Attachment

Accident No.	MT/100959	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/09/2018 19:31
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31		Photos	Normal
Description		Photos 2018-9-3	



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	Photos	Normal	Photos 2018-9-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	Photos	Normal	Photos 2018-9-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	Photos	Normal	Photos 2018-9-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	Photos	Normal	Photos 2018-9-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	Photos	Normal	Photos 2018-9-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	Photos	Normal	Photos 2018-9-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	Photos	Normal	Photos 2018-9-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:31	SAS	Normal	SAS 2018-9-3

Uploaded By/Data

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 03/09/2018 (DD/MM/YYYY), TIME: 08:00 (HH:MM)

LOCATION: Junction of Bukit Rampang Ring Road and Bukit Rampang Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 4904 H
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5060385972-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Sienna 1.5G
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commuting to work
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: Farah Norliza Binte Gazali (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SP4354596 CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohammad Fadzli Bin Gazali (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8037659/2 CONTACT: 87786585
c) ADDRESS: 126 Pending Road, H02-296 S670126

* d) DATE OF BIRTH: 24/11/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/09/2010

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

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: Tiong Bahru Police station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLC 4904 H MODEL: Toyota Sienna 1.5G
b) DRIVER'S NAME: Mohammad Fadzli Bin Gazali
c) NRIC/FIN/PASSPORT: S8037659/2 CONTACT: 87786585

9. THIRD PARTY VEHICLE

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

EMAIL: Fadzli.gazali@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8037559Z



Name
MOHAMMAD FADZLI BIN GAZALI

Race
BUGIS

Date of birth
24-11-1980

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8037559Z

Name
MOHAMMAD FADZLI BIN GAZALI

Birth Date: 24 Nov 1980

Issue Date: 11 Aug 2003

5886048



NRIC No. S8037559Z



Date of issue
07-03-2018

APT BLK 128 PENDING ROAD #02-288
SINGAPORE 870128

NRIC No. S8037559Z


Date: 06/08/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	18 Jan 2001
Class 2A	Motorcycles between 201 CC and 400 CC	12 Jul 2010
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	30 Sep 2010

S / No. 9000136389

NRIC No. S8037559Z



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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/09/2018 15:51"/>
Vehicle No.(For Motor)	<input type="text" value="SLC4904H"/>	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"/>	5080385972-02		FARAH NORLIZA BINTE GAZALI	S8435459G	GPC	drive CLASSIC	SLC4904H	SLC4904H	17/05/2018	16/05/2019