

NATIONAL Assessment Centre Services

(Ref: J-127)

1904/18123270

Date In: 24/09/2018 09:43	Job description	Date & Time Completed	Done by:
Ref No: N/A/1904/18123270	SAS e-filing		
Veh No: FBE 2240K	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 20/09/2018 16:40	I-Motor Claim Form	25/09/2018 12:43	
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: SFU 2286L	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

<p>NA1806152</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal 1:</p> <p>Cal 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tp Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N/A INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>		<p>Am't (\$)</p> <p>In Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	
	<p>Invoice dated</p>		<p>Fee Charged</p>	

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	24/09/2018 09:43
Date Of Accident	20/09/2018 16:40
Exact Location Of Accident	ALONG BKE TOWARDS SLE (EXITING BKE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2240K
Insured/Policyholder	
Name Of Registered Owner	ABDUL MAJID RIDZUAN BIN ABDULLAH @NOEL DAVIES
NRIC No	S2001957C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91173342
Alternative Phone No	OTHERS-91173342

Vehicle Particulars

Manufacturer	YAMAHA
Model	Y125Z-124CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5093878888-01
Cover Note Number	

Driver

Name of Driver	ABDUL MAJID RIDZUAN BIN ABDULLAH @NOEL DAVIES
NRIC No	S2001957C
Date Of Birth	27/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91173342
Fax Number	
Contact Number	OTHERS-91173342
Email Address	NOEMAIL

Address	BLK 786F WOODLANDS DRIVE 60 #09-07
Postcode	736786
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	DRIZZLING
Road Surface	OILY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180920/2150

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	SFW2286L
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO TECK YEE
NRIC/Passport Number	S1563923G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GZ7750C
Vehicle Make/Model/Colour NISSAN NV350
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LIM LEONG ENG
NRIC/Passport Number S1557600F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE8059D
Vehicle Make/Model/Colour TOYOTA DYNA
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ELAYAPERUMAL KANNAN
NRIC/Passport Number G6855695W
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDUL MAJID RIDZUAN BIN ABDULLAH @NOEL DAVIES
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBE2240K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
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.

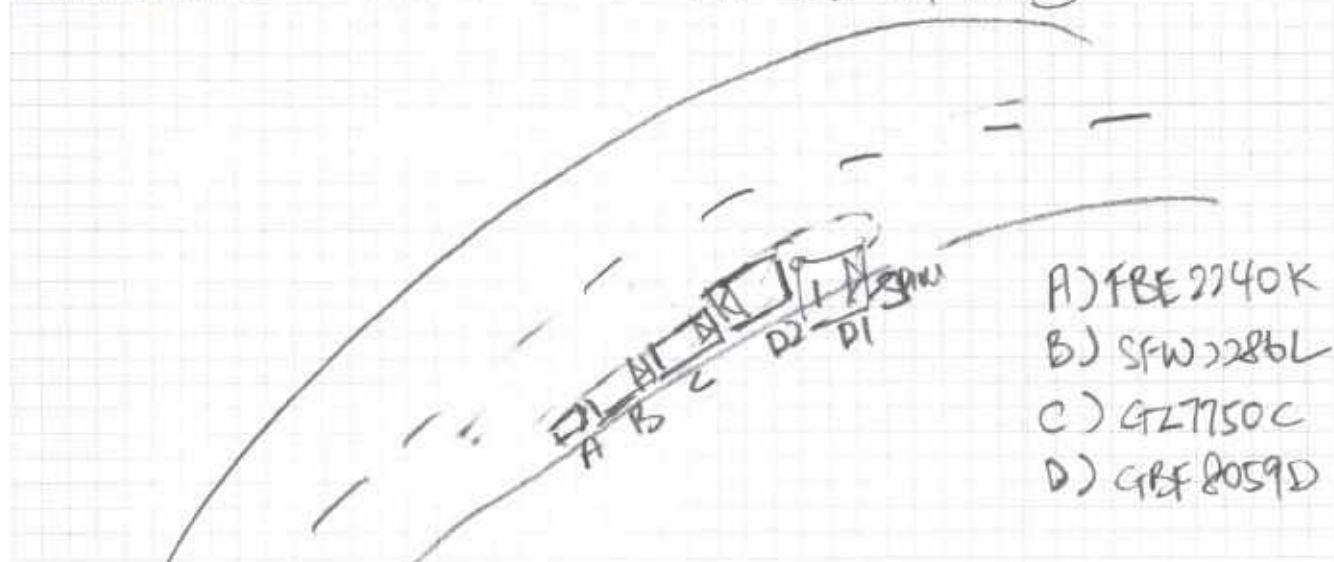


Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN Along BKE Towards SJK (EXITING BKE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form: "PUS REFER TO Police Report 7/20180920/2150"

DECLARATION

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

Amur

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/09/2018
Reporting Centre Personnel's Signature
Name: *Abdi Umar*
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180920/2150

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180920/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2018 18:47		Vide Report No.:		Station Diary No.: 225	
Informant's Particulars					
Name of Informant: ABDUL MAJID RIDZUAN BIN ABDULLAH			Address: APT BLK 786F WOODLANDS DRIVE 60 #09-07 SINGAPORE 736786		
ID Type / ID No.: NRIC NO / S2001957C			Contact No.: Home/Office:		Mobile: 91173342
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 27/11/1950	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Bus 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: 20/09/2018 16:50	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY SELETAR EXPRESSWAY Along BKE towards SLE (exiting BKE).				
Weather: Drizzling		Road Surface: Oily		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2240K	Motorcycle	YAMAHA	YBR125	Black	Seriously Damaged	0
GBE8059D	Lorry				Seriously Damaged	0
GZ7750C	Van				Seriously Damaged	0
SFW2286L	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180920/2150

2 of 3

Report No. T/20180920/2150

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE2240K	NTUC Income Insurance Co-Operative Limited	5093878888-01	30/08/2018	17/07/2019

Brief Details.

On the 20/09/2018 at about 1650hrs, I was riding my motorcycle bearing plate no: FBE2240K, along BKE to SLE (exiting BKE) and travelling on the outer lane, there was a lorry bearing plate no: GBF8059D, which in front of my motorcycle suddenly spin and caused the van (behind of the lorry) bearing plate no: GZ7750C, to hit onto the lorry front part. And the car (behind of the van) bearing plate no: SFW2286L, hit onto the right side of the van. Subsequently, I skidded and hit onto the rear side of the car and I fell onto the road.

After which, I picked myself up and I inspect my motorcycle, the body kit of my motorcycle was broken and I suffered abrasion on my right elbow, right knee, right toe and left middle finger, pain my on right chest area due to the fall. The front part of the lorry and the van was seriously dented, the right bumper of the car was scratched.

I wish to state that I make this report are for my insurance company purpose. I also wish to state that the van driver namely: Elayaperumal Kannan, FIN: G6855695W, lorry driver namely: Lim Leong Eng, IC: S1557600F and the car driver namely: Khoo Teck Yee, IC: S1563923G.



**SINGAPORE
POLICE FORCE**



T/20180920/2150

3 of 3

Report No. T/20180920/2150

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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 /

Sgt 2 CHOON EE SHEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NG CHWEE THENG
Contact No.: 65476397

SN 130

Authentication Stamp

NP155

Signature: 

Singapore Police Force

Signature Of Informant:

Date/Time:
20/09/2018 18:47

Classification Of Case:

Claim Handling

Accident MT/1012768

Policy No.	5093878888-01	Vehicle No.	F0E2240K	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL MAJID RIDZUAN BIN ABDULLAH @NGEL DAVIES			Policyholder NRIC	S3001W37C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFE	- No - Yes	TCA	- No - Yes	eCode Reason	
NCD Protection	No	NCD-Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	24/09/2018 16:50	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	20/09/2018	Time of Accident h:mm	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS SOUTH FLYOVER				

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			

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 766F #09-07	Address 2	WOODLANDS DRIVE #1	Address 3	SINGAPORE 736786
Address 4		Address Type	Singapore address	Post Code	736786
Unit No.		Related Policy Number	5093878888-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	ABDUL MAJID RIDZUAN BIN AB	Insured NRIC	S20011
Contact No.(Mobile)	91173242	Contact No. (Home)	93690433	Contact No. (Office)	
Email Address		OI Vehicle Number	F0E2240K	TP Vehicle Number	SFW22
Claim Description	F0E2240K / SFW2286, ON 20 Sept 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Report No. Finalisation	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	25/09/2018 12:42
Report Taken By				Date Received	25/09
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1012768	Claim No.	002
Last Doc. Received	Yes No	Upload Date	25/09/2018 12:43
Path *		Category *	Confidential Urgency * Desc
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
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
Message Read		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:43	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:43	Photos	Normal	Photos 2018-9-25

<https://qclaim.income.com/sq/qcs/cm/eclaim/claimantEdit.do?caseId=2512884&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&rea...> 2/2

ACCIDENT STATEMENT

ACCIDENT DATE: 20/09/2018 (DD/MM/YYYY), TIME: 16:50 (HH:MM)

LOCATION: Along BKE towards SKE (Exit 19 BKE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 2240K
 b) INSURANCE COMPANY: NPLC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA YBR 125
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: ABAIL MADU RIDZUAN BIN ABRAHIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91173342
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

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

* d) DATE OF BIRTH: 27/11/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/01/1978

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLES)
 b) ROAD SURFACE: (DRY / WET / OTHERS only)
 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: SFW 2286 L MODEL: Toyota Belta
 b) DRIVER'S NAME: KIAO JACK YEE
 c) NRIC/FIN/PASSPORT: S1563923 G CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: G27750C MODEL: Nissan NV 350
 e) DRIVER'S NAME: Lim Moon Hui
 f) NRIC/FIN/PASSPORT: S1557650 F CONTACT: _____

GRK 8059D Toyota Dyna
ELAYAPRUMAL KANIAN

EMAIL: 66855695W


VIDEO =

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
(1)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2001957C




Name
ABDUL MAJID RIDZUAN BIN
ABDULLAH @NOEL DAVIES

Race
INDIAN

Date of Birth
27-11-1950


Country of Birth
MALAYSIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number S2001957C



Name
ABDUL MAJID RIDZUAN BIN
ABDULLAH

Birth Date 27 Nov 1950

Issue Date 16 Dec 2002



2505190




NRIC No. S2001957C

Blood Group O+ Date of issue 20-10-1994

APR 84 THE WOODLANDS DRIVE 80 437-02
SINGAPORE 116155

NRIC No. S2001957C Date 20-10-1994 No. 2055573

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	27 Jan 1978
Class 2A	Motorcycles between 201 cc and 400 cc	27 Jan 1978
Class 2	Motorcycles exceeding 400 cc	27 Jan 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 May 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	14 Sep 1977
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	20 Mar 1978

License No. S2001957C



NP 428A

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5093878888-01		ABDUL MAJID RIDZUAN BIN ABDULLAH @NOEL DAVIES	S2001957C	GMC	Third Party	FBE2240K	FBE2240K	30/06/2018	17/07/2019