

NATIONAL Assessment Centre Services. [part 1 Jan 09] MAY 19039204			
Date In: 25/03/2009 19:29	Job description	Date & Time Completed	Done by
Ref No: N88/INCL90053204	SAS e-filing		
Veh No: FBL 94914	E-mail (4 jobs 3hrs, AIC 3hrs)		
D.O.A: 23/03/2009 23:50	I-Motor Claim Form	with 1037395001	25/03/2009
OID (TP) Reporting Only	I-Motor W/O (Withlet OD 2hrs, TP 4hrs)		19:29
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: —	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 repairer.			
( ) 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 1902/36			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	Forfeiting against INC Only (wof 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NI: Courtesy Car / Tpr Allowance \$5		
	*NI: Repairs Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (Nil) : TP (Non INC) \$10		
	9) NI: Idea Mobile \$0		
QC Checked by (Engr-In-Charge):	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 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	25/03/2019 19:29
Date Of Accident	23/03/2019 23:50
Exact Location Of Accident	BLK 625A CHOA CHU KANG ST 62 MSCP DECK 4B LOT 49
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9491U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD RIDHWAN BIN ZAKARIA
NRIC No.	S9033821H
Email Address	MDRZ.021@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90227959
Alternative Phone No	OTHERS-90227959

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR RS 200-200CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED

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	5101832656
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD RIDHWAN BIN ZAKARIA
NRIC No	S9033821H
Date Of Birth	21/09/1990
Occupation	INDOOR
Date Of Driving Pass	05/02/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90227959
Fax Number	
Contact Number	OTHERS-90227959
Email Address	MDRZ.021@GMAIL.COM

Address	BLK 626 CHOA CHU KANG STREET 62 #05-186
Postcode	680626
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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/20190324/2031

#### Attachment(s)

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

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

25/03/2019 15:52

Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Resal Hartono



SKETCH PLAN

Unknown Bike was parked

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QUS Report to Police  
1/20190324/2031  
RUPUR

DECLARATION

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

*Peller*

Policyholder's Signature

Date & Time:

25/3/19 15-56

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*25/03/2019*

*Rafael Santos*



# SINGAPORE POLICE FORCE



T/20190324/2031

1 of 3

Report No. T/20190324/2031

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/03/2019 10:32	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: MUHAMMAD RIDHWAN BIN ZAKARIA			Address: APT BLK 626 CHOA CHU KANG STREET 62 #05-186 SINGAPORE 680626	
ID Type / ID No.: NRIC NO / S9033821H			Contact No.: Home/Office:	Mobile: 90227959
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 21/09/1990	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: PRODUCT ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/03/2019 23:50	Type of Location: Car Park
Location: Along Road 1 CHOA CHU KANG STREET 62  BLK 625A CHOA CHU KANG STREET 62 MSCP, DECK 4B, LOT 49				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9491U	Motorcycle	BAJAJ CHETAK	PULSAR RS 200	Blue		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9491U	NTUC Income Insurance Co-Operative Limited	5101832656	28/06/2018	27/06/2019



**SINGAPORE  
POLICE FORCE**



T/20190324/2031

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Report No. T/20190324/2031

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RIDHWAN BIN ZAKARIA	ID No.	S9033821H
Related Vehicle	NIL	Contact No.	90227959
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 22/03/2019 at about 2000hrs, I parked my motorbike, FBL9491U at Blk 625A Choa Chu Kang Street 62, Deck 4B, Lot number 49 and everything is intact.

On 23/03/2019 at about at about 2350hrs, I went to retrieve my motorbike and I discovered my motorbike front headlight cover was cracked, front right mirror is broken and missing, rear registration plate number is dented in, rear cover dented in and touches the rear wheel, rear tyre hugger was damaged, both front fairing was broken. The impact also causes my motorbike to jerk forward and hit the wall which causes scratches and dent.

I am unsure of the price for the repair. There is no note left behind as well.





**SINGAPORE  
POLICE FORCE**



T/20190324/2031

3 of 3

Report No. T/20190324/2031

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**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 TOH ZHENG YAN

Signature Of Interpreter:

Not applicable signature:

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Signature Of Informant:

Date/Time:

24/03/2019 10:32

Classification Of Case:

Authentication Stamp

NP168



## Claim Handling

Accident HT/1037399

Policy No.	9101812555	Vehicle No.	FB144810	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD RISHWAN BIN ZAKARIA	Cover Type	Third Party	Policyholder NRIC	91013821H
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	91227959	Special Remark		Contact No.(Home)	
Email Address		TCR	- No Yes	eCode	No
KPI	- No Yes	NCD Enhancement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	25/03/2019 19:40	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	25/03/2019	Time of Accident Minimum	23:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	BLK 625A CHOA CHU KANG ST 62 HSCP DECK RB LOT 45				

## 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 Status Verified	Yes
GST Registration No.					
Publication history					

## Policyholder Mailing Address

Address 1	BLK 625A #05-105	Address 2	CHOA CHU KANG STREET 62	Address 3	SINGAPORE 680625
Address 4		Address Type	Singapore address	Post Code	680625
Unit No.	05-105	Related Policy Number	9101812555		

## OT Driver Info

Driver Name	MUHAMMAD RISHWAN BIN ZAKARIA	Driver Type	Main Driver	Driver DOB	21/09/1990
Unnamed driver Name		Driver NRIC	91013821H	Driving Experience	5
Register Date of Driver License	05/01/2016	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	91227959	Contact No.(Office)		Address 1	SINGAPORE 680625
Address 1	BLK 625A #05-105	Address 2	CHOA CHU KANG STREET 62	Address 3	SINGAPORE 680625
Address 4		Address Type	Singapore address	Post Code	680625
Unit No.	05-105				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FB144810	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Roadog?	0 mg	Any Injury?	Yes - No
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## Modification History

Claim 001 **None**

Claim Type *	OD-RX	Injured Name	MUHAMMAD RISHWAN BIN ZAKARIA	Injured NRIC	91013821H
Contact No.(Mobile)	91227959	Contact No.(Home)		Contact No.(Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	FB144810	Vehicle Number	
Preferred Workshop		FB144810 / - ON 23 Mar 2019		Name of Preferred Workshop	
Refused No. Provision	Yes	Refused Reason	Not at Fault	GIA report	Refused
Date Registered	25/03/2019 19:40	Claim Close Date		Date Received	25/03/2019 00:00
Report Taken By	RODIL WANAR				

## Print All Letter

Save Submit

## Attachment

Accident No.	HT/1037399	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	25/03/2019 19:44
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Searchable *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Board			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2019 19:44	Photos	Normal	Photos 2019-3-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2019 19:44	Photos	Normal	Photos 2019-3-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2019 19:44	Photos	Normal	Photos 2019-3-25	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	Photos	Normal	Photos 2019-3-25
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	SAS	Normal	SAS 2019-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 19:43	NAC/ Driving License	Normal	NAC/ Driving License 2019-3-25

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in new window</a>	<a href="#">Scan and uploading</a>	



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 22 / 03 / 2019 ) (DD/MM/YYYY). TIME: ( 23 : 50 ) (HH:MM)

LOCATION: BIK 623A MSCP DECK 48 LOT 49 (MOTORCYCLE)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL9491U  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 8101832656  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BAJAJ RS200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: BIKE WAS PARKED  
 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: MUHAMMAD RIDHWAN BIN ZAKARIA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9033821H CONTACT: 90227959  
 c) ADDRESS: BIK 626 CHUA CHU KANG STREET 62 #01-186  
 SINGAPORE 680626

\* 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: ( 21 / 09 / 1996 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/02/2018

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: CHUA CHU KANG NEIGHBOURHOOD POLICE CENTRE

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (Including driver)  
 ( 0 )

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

Email = mdrz.021@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9033821H



Name  
MUHAMMAD RIDHWAN BIN ZAKARIA

محمد رشوان بن زكريا

Race  
MALAY

Date of birth  
21-09-1990

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9033821H

Name  
MUHAMMAD RIDHWAN BIN ZAKARIA

Birth Date: 21 Sep 1990

Issue Date: 20 Jul 2010

3776243



NRIC No. S9033821H



Date of issue  
27-09-2005

Address  
APT BLK 626 CHOA CHU KANG STREET 62  
#05-186  
SINGAPORE 680626

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	Motorcycles <= 200 CC	Valid Until
Class 3	Motor cars <= 2000 kg with <= 9 passengers, excluding all the drivers and motor tractors/vehicles <= 2500 kg	20 Jul 2010

S9033821H

S / No. 9000312744

Licence No. S9033821H





Hello, NAC\_BUKIT\_MERAH\_800676

[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="23/03/2019 19:27"/>
Vehicle No.(For Motor)	<input type="text" value="FBL9491U"/>	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 checked="" type="radio"/>	5101832656		MUHAMMAD RIDHWAN BIN ZAKARIA	S9033821H	GMC	Third Party	FBL9491U	FBL9491U	28/06/2018	27/06/2019