

NATIONAL Assessment Centre Services

2001-2009

MA1904829

Date to: 28/06/2019 16:59	Job description	Date & Time Completed	Done by
Ref No: MB8/MC1901515/4	SAS e-filing		
Veh No: 1BP 688V7	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/06/2019 11:35	I-Motor Claim Form	mt/105/075-001	28/06/2019
OD (TP) Reporting Only	I-Motor W/O (Within OD 2hrs TP 4hrs)		17:25
	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: R 98877	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

MA1904829	Invoice Preparation Checklist	Amo (\$)	Amo (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	Inc Bill	Adv Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:		
	Q15:		
	* 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 (N in INC) original INC \$20		
	9) N12: Idm Mobile \$0		
	Invoice date:	Fee Charged	Fee Charged
	Invoice date:	Fee Charged	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	28/06/2019 16:59
Date Of Accident	28/06/2019 11:35
Exact Location Of Accident	JUNCTION OF MARGARET DRIVE AND JALAN PENJARA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6884T
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHIM BIN ESA
NRIC No	S1286473F
Email Address	GREENHORNET_4@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91279464
Alternative Phone No	OTHERS-91279464

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109704257
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM BIN ESA
NRIC No	S1286473F
Date Of Birth	07/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91279464
Fax Number	
Contact Number	OTHERS-91279464
Email Address	GREENHORNET_4@YAHOO.COM.SG

Address	BLK 471 ANG MO KIO AVENUE 10 #04-758
Postcode	560471
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 (including own vehicle) involved in the accident	2
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	ALEXANDRA NPP
Police Station Address	ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , 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/20190628/2078

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	PC9887T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	GONG RUNXING
NRIC/Passport Number	G5072697K
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ABDUL RAHIM BIN ESA

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBP6884T

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:

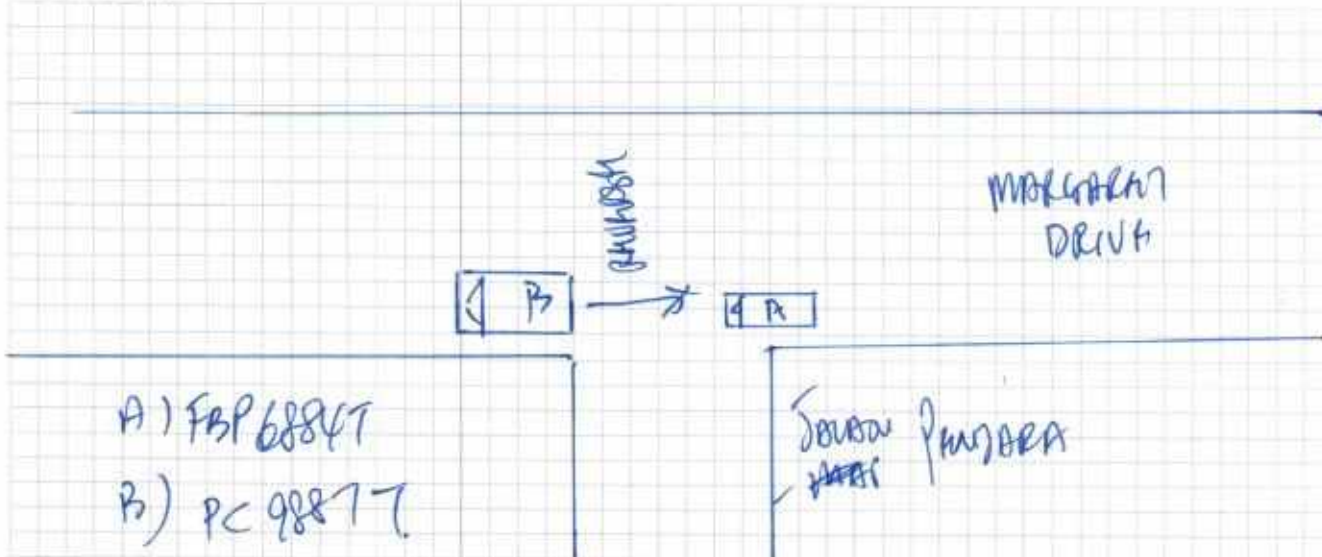
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 28/6/2019

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area:

REFR to Police Report
7/05/2018/2078

DECLARATION

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

Signature
28/6/2019

Policyholder's Signature
Date & Time:

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

Signature
28/06/2019
Name: [Signature]
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190628/2078

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20190628/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2019 12:49	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: ABDUL RAHIM BIN ESA			Address: APT BLK 471 ANG MO KIO AVENUE 10 #04-758 SINGAPORE 560471		
ID Type / ID No.: NRIC NO / S1286473F			Contact No.: Home/Office: Mobile: 91279464		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 07/09/1958	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Food Inspector			Driving Licence Information: Class: 2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/06/2019 11:35	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 MARGARET DRIVE JALAN PENJARA towards Tanglin Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
FBP6884T	Motorcycle	HONDA	CB400A	Red	Slightly Damaged	0
PC9887T	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6884T	NTUC Income Insurance Co-Operative Limited	5109704257	18/05/2019	17/05/2020



**SINGAPORE
POLICE FORCE**



T/20190628/2078

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

2 of 3

Report No. T/20190628/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAHIM BIN ESA	ID No.	S1286473F
Related Vehicle	FBP6884T (Motorcycle)	Contact No.	91279464
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	GONG RUNXING	ID No.	G5072697K
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 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 28/06/2019 @ 1137hrs at a/m location, while I was riding and while approaching the said location, the bus suddenly stopped and started to reverse towards me and I tried to horn to get his attention but not able to get his attention and thus collided onto my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20190628/2078

3 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

CONTINUATION OF REPORT

Report No. T/20190628/2078

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:

D /

Staff Sgt YIP KUM HOONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN

Contact No.: 65476206

Signature Of Informant:

Date/Time:

28/06/2019 12:49

Classification Of Case:

Authentication Stamp
NP168

SN 47

Claim Handling

Accident MT/1051075

Policy No.	5109704257	Vehicle No.	FBP6884T	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL RAHMAN BIN ESA	Cover Type	Comprehensive	Policyholder NRIC	S1286473F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Liability	0
Contact No.(Mobile)	91279464	Special Remarks		Contact No.(Home)	
Email Address		TCA	+ No Yes	ECODE	No
KPI	+ No Yes	NCD Endowment(%)	20	ECODE Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	28/06/2019 17:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	28/06/2019	Time of Accident hh:mm	11:18	Country of Accident	Singapore
Reporting Centre		Damage Force		ICN No.	
Accident Location	JUNCTION OF MARGARET DRIVE AND JALAN PENJAJA				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	500.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	500.00				
▼ 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 471 #04-758	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK CHEE HORIZON
Address 4	SINGAPORE 560471	Address Type	Singapore address	Post Code	560471
Unit No.	04-758	Related Policy Number	5109704257		
▼ Q1 Driver Info					
Driver Name	ABDUL RAHMAN BIN ESA	Driver Type	Main Driver	Driver DOB	07/05/1958
Unnamed driver Name		Driver NRIC	S1286473F	Driving Experience	17
Register Date of Driver License	11/08/1981	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	91279464	Contact No.(Office)		Address 3	TECK CHEE HORIZON
Address 1	BLK 471 #04-758	Address 2	ANG MO KIO AVENUE 10	Post Code	560471
Address 4	SINGAPORE 560471	Address Type	Singapore address		
Unit No.	04-758	Driver Vehicle No.	FBP6884T	Driver Insurer Company	NTUC
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 *	OD-MK	Insured Name	ABDUL RAHMAN BIN ESA	Injured NRIC	S1286473F
Contact No.(Mobile)	91279464	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	greenhomet_4@yahoo.com.sg	TP Vehicle Number	FBP6884T	Vehicle Number	FBP6884T
Claim Description	FBP6884T / PC9887T ON 28 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Submit No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered					
Report Taken By		Claim Date	28/06/2019 17:24	Date Received	28/06/2019 00:00
			ROSLI WAHAB		
Print At Letter					

Save Submit

Attachment

Accident No.	MT/1051075	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/06/2019 17:25
Path *		Category *	Confidential
Choose File: No file chosen		Urgency *	Normal
Choose File: No file chosen		Description *	
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			
Message Read			
▼ Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
		Photos	Normal
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 17:25		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 17:25	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 17:25	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 17:25	Photos	Normal	Photos 2019-6-28
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 17:24	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 17:24	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 17:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 17:24	SAS	Normal	SAS 2019-6-28

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Start and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 06 / 2019 (DD/MM/YYYY), TIME: 11 : 37am (HH:MM)

LOCATION: Margaret Drive - junction of Jln Penjara

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRP68847
b) INSURANCE COMPANY: HTUC
c) POLICY NUMBER: 5109704257
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Super Four - CB400A - Honda
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use / 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: ABDUL RAHIM BIN ESA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 51286473F CONTACT: 91279464
c) ADDRESS: 61K 471 ANG NOKIO AVENUE 10
#04-758 (580471)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR. ASBON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: ALUR KANDAR

8. THIRD PARTY VEHICLE


- a) VEHICLE NUMBER: PC 98877 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: _____

email = greenkornet_4@yahoo.com.sg
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1286473F



Name
ABDUL RAHIM BIN ESA
عبد الرحيم بن عيسا

Race
MALAY

Date of Birth
07-09-1958

Sex
M

Country of Birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1286473F

Name
ABDUL RAHIM BIN ESA

Birth Date: 07 Sep 1958

Valid Date: 18 Jun 2009

For LKK/NAC Use Only



0418552



NRIC No. S1286473F



Blood Group: A+ Date of issue: 04-07-1992

APT BLK 471 ANG MO KIO AVENUE 10 #04-758
SINGAPORE 560471

NRIC No. S1286473F Date: 07/01/2010 No: 6377218

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	Valid Date
Class 2B	Motorcycles not exceeding 200 cc	11 Aug 1997
Class 2A	Motorcycles between 201 cc and 400 cc	11 Aug 1997
Class 2	Motorcycles exceeding 400 cc	08 May 2000

License No. S1286473F

For LKK/NAC Use Only

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="28/06/2019 17:04"/>
Vehicle No. (For Motor)	<input type="text" value="FBP6884T"/>	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"/>	5109704257		ABDUL RAHIM BIN ESA	S1286473F	GMC	Comprehensive	FBP6884T	FBP6884T	18/05/2019	17/05/2020