





## 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	30/08/2019 09:28
Date Of Accident	23/08/2019 23:30
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6043J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SYIRAZI BIN RAHMAD
NRIC No	S9316106H
Email Address	MDSYIRAZI.RAHMAD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97619414
Alternative Phone No	OTHERS-97619414

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	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	5108523329
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYIRAZI BIN RAHMAD
NRIC No	S9316106H
Date Of Birth	10/05/1993
Occupation	INDOOR
Date Of Driving Pass	07/07/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97619414
Fax Number	
Contact Number	OTHERS-97619414
Email Address	MDSYIRAZI.RAHMAD@GMAIL.COM

Address BLK 12 MARSILING LANE  
#12-35  
Postcode 730012  
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? 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) 4  
Passenger 1  
NAME: : PASSENGER  
GENDER: : MALE  
Passenger 2  
NAME: : PASSENGER  
GENDER: : MALE  
Passenger 3  
NAME: : PASSENGER  
GENDER: : FEMALE

#### 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 SKETCH PLAN

#### 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 SHD9611L  
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHAN WAI CHEE

NRIC/Passport Number

S1758672F

Contact Number

97881996

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

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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: 29/08/2019  
5:40pm

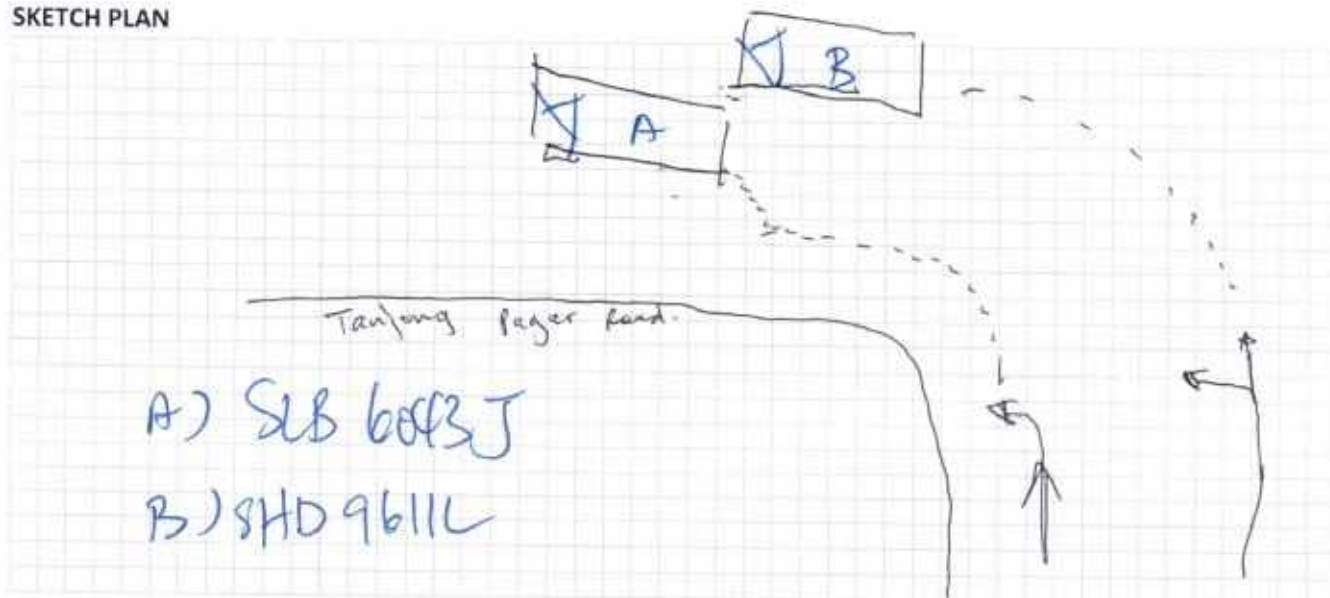
Driver's Signature

(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  
7/2019/824/2163

## DECLARATION

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

Policyholder's Signature

Date & Time: 22/08/2019  
5:40pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190824/2163

1 of 4

Report No. T/20190824/2163

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 20:08	Vide Report No.:	Station Diary No.: 184
--	------------------	---------------------------

### Informant's Particulars

Name of Informant: MUHAMMAD SYIRAZI BIN RAHMAD		Address: APT BLK 12 MARSILING LANE #12-35 SINGAPORE 730012	
ID Type / ID No.: NRIC NO / S9316106H		Contact No.: Home/Office: Mobile: 97619414	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 10/05/1993	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: INSURANCE AGENT		Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/08/2019 23:30	Type of Location: Bend
Location: Along Road 1 TANJONG PAGAR ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
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
SHD9611L	Car				Slightly Damaged	0
SLB6043J	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Slightly Damaged	3

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB6043J	NTUC Income Insurance Co-Operative Limited	5108523329	01/04/2019	31/03/2020



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Chan Wai Chee	ID No.	S1758672F
Related Vehicle	SHD9611L (Car)	Contact No.	97881996
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
<b>Driver</b>			
Name	MUHAMMAD SYIRAZI BIN RAHMAD	ID No.	S9316106H
Related Vehicle	SLB6043J (Car)	Contact No.	97619414
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	Nur Rahim Bin Abdul Rahman	ID No.	S9330174I
Related Vehicle	SLB6043J (Car)	Contact No.	98229704
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 23/08/2019 at about 2330hrs, I was driving along Tanjong Pagar Road at the most left lane at the speed of about 20km/hr to 30km/hr. I had three passengers with me.

While driving along a bend, I drove slightly to my right side and the rear of my car hit the head of another taxi (SHD9611L) which was at the next lane.

After the accident, we alighted and exchanged particulars. Subsequently, we drove off.





**SINGAPORE  
POLICE FORCE**



T/20190824/2163

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

3 of 4

Report No. T/20190824/2163

**CONTINUATION OF REPORT**

There is no in-car camera in my car. I wish to state that no one was injured, no Government property was damaged and no foreign vehicle was involved in the accident.



**SINGAPORE  
POLICE FORCE**



T/20190824/2163

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

4 of 4

Report No. T/20190824/2163

**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:

L /

Sgt 2 SER WEN LIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

24/08/2019 20:08

Classification Of Case:

Authentication Stamp

NP168



## Claim Handling

Accident MT/1039657

Policy No.	5108523329	Vehicle No.	SL880431	GST Registration No.	
Certificate No.				Policyholder NRIC	99316105H
Policyholder Name	MUHAMMAD SYIRAZI BIN RAHMAD	Cover Type	Drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	NA	Special Remarks		eCode	
Email Address		TCA	No Yes	eCode Reason	
KPI	No Yes	NCD Entitlement(%)	50	Private Hire	Not available
NCD Protection	Yes				

Report Date		27/08/2019 14:11	Accident Report within 24 hrs		Yes	Accident Type	Others
Date of Accident		23/08/2019	Time of Accident (HH:MM)		23:30	Country of Accident	Singapore
Reporting Centre			Orange Force			ICM No.	
Accident Location		NA					

Excess Type		Per Accident	Windscreen Excess	100.00	
OD Standard Excess	800.00	TP Standard Excess	0.00	Driver is Crowned?	Not Applicable
YED OD Excess		YED TP Excess			
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	800.00				

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

Policyholder Mailing Address			
Address 1	BLK 12 #12-25	Address 2	HARILLUNG LANE
Address 4	SINGAPORE 730012	Address Type	Singapore address
Unit No.	12-25	Related Policy Number	5108523329
		Address 3	PARADELING GARDENS
		Post Code	730012

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

Modification history

Claim 002

Claim Type *	OD-RO	Insured Name	MUHAMMAD SYIRAZI BIN RAHM	Insured NRIC	99316105H
Contact No. (Mobile)		Contact No. (Home)	NA	Contact No. (Office)	
Email Address		OT Vehicle Number	SL880431	TP	SH08611L
Claim Description	SL880431 / SH08611L ON 23 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Sanitary No. Evaluation	Yes	Preferred Workshop, Name unknown		Claim Date	30/08/2019 09:27
Date Registered				Date Received	30/08/2019 00:00
Report Taken By					ROSLI WAHAB

\* Note: All letter

Save Submit

## Attachment

Accident No.		MT/1039657	Claim No.		002																																
Last Disc. Received		Yes No	Upload Date		30/08/2019 09:41																																
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>						Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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Send Message

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<a href="#">Video List</a>				
Uploaded By/Date	Folder Data	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	



# ACCIDENT STATEMENT

ACCIDENT DATE: (23/05/2019) (DD/MM/YYYY), TIME: (23:30) (HH:MM)

LOCATION: Tanjung Pagar Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB60437  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5108523329  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HYUNDAI ELANTRA  
 f) TYPE: (SEDAN / 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: MUHAMMAD SYIRAZI BIN RAHMAD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9316106H CONTACT: 99619414  
 c) ADDRESS: B12 12 MARSILINA LANE #12-35  
 SC7300129

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 d) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (10/05/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/07/2012

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

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: WOODLANDS EAST N.P.C.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 9611L MODEL: TOYOTA  
 b) DRIVER'S NAME: CHAN WAI CHEE  
 c) NRIC/FIN/PASSPORT: S1358672E CONTACT: 97881996

## 9. THIRD PARTY VEHICLE

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

email = md syirazi rahmad@gmail.com

VIDEO

PAX 2M  
1F

No of passengers  
(including driver)  
(4)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9316106H

**For LKK/NAC Use Only**

MUHAMMAD SYIRAZI BIN RAHMAD

Race: JAVANESE  
Date of birth: 10-05-1993  
Sex: M  
Country of birth: SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9316106H

MUHAMMAD SYIRAZI BIN RAHMAD

**For LKK/NAC Use Only**

Birth Date: 10 May 1993  
Issue Date: 07 Jul 2012

002064356C




421881H

NPIC No: S9316106H

**For LKK/NAC Use Only**

Date of issue: 24/10/2016

APT BLK 12 MARGILING LANE #12-35  
SINGAPORE 730012

NPIC No: S9316106H

Date: 24/10/2016





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

EFFECTIVE DATE: 07 Jul 2012

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

**For LKK/NAC Use Only**

NP 428A

Licence No: S9316106H





Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108523329		MUHAMMAD SYIRAZI BIN RAHMAD	S9316106H	GPC	drive CLASSIC	SLB6043J	SLB6043J	01/04/2019	31/03/2020