Duta Inc. 1	The second secon		9119081870		
Date In: 3 619- 18:33	Jeb descriptio		Date & Time Completed	Done	by:
Ref No: Na INC 1901235/24	SAS e-filing				
Veh No: FW MV	E-mail (withi	a Shrs, AIC 2hrs)			-
D.O.A: 20/6/19-09:45	i-Motor Cla		M7 10505 65-001	20/6/ig 19	Claba
OD (TP) Reporting Only	i-Motor W/	O (Within: OD 2hr		- 0 0 0 1 1 1	10
- Coporting Only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	urvey Report			
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: 56	R4366R	INC()/Non-INC()		
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		-
Excess: (\$) Loading: \$1,	-0.0	75000 CO. CO. CO.			
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() Walk-In Customer: Customer's inf	formation strictly Co	infidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.		*		557-387
Drive-In ()/ Towed-In (); Invoice	ce: YES() / 1	YO () OV	owing Co: (1
		(),1.	owing co. (
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	hy
 Apply for Transport Allowance ()/ 	Courtesy Car ()	1	Name I all a second	Wa.
2) 00 00 -1 /2 2			1		
2) QC Check / Post Repair Inspection	()	*		-
	(3000))			-
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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

AND THE PROPERTY OF THE PROPER	ACCIDENT STATEMENT
Date Of Report	25/06/2019 18:33
Date Of Accident	24/06/2019 09:45
Exact Location Of Accident	SLIP RD EDGEFIELD PLAINS TWDS PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE
with the Adams is the control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FW155U
Insured/Policyholder	
Name Of Registered Owner	LUQMAN BIN ABDUL LATIFF
NRIC No	S8114614D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82000876
Alternative Phone No	OFFICE-82000876
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
Exact Purpose for which vehicle was being used at time of accident	
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5032600557-10
Cover Note Number	
Driver	
Name of Driver	LUQMAN BIN ABDUL LATIFF
NRIC No	S8114614D
Date Of Birth	22/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82000876
Fax Number	

OFFICE-82000876

NOEMAIL

BLK 617D PUNGGOL DRIVE Address

#08-825

824617

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

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES NO

NO

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190624/2100.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGR4366R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver CHONG KIM POH

NRIC/Passport Number S0023015D Contact Number 82984366

Address Postcode

Insurance Company Name

1

DETAILS OF INJURED PERSON 1

Name

LUQMAN BIN ABDUL LATIFF

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FW155U

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 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:
 - 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:
 - 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.

Policy older's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GTAILMC SketchPlankment V3

 Rangyal Centrul	
	A: FW 1554 B: JG RY366R
	12: JGR4366R
136	
169	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer f	o police	report-1/2019004/2000.	

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24 6 19 10D	/MM/YYYY), TIME: (09 : 45)(HH:MM)
	Plains tods ringgol bight a
	10072
1. DETAILS OF VEHICLE	W
a) VEHICLE NUMBER: PW 134 V	
b) INSURANCE COMPANY: NTUC	
C)POLICY NUMBER: 503 X 0055	
d)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
ejmake & MODEL:	
f)TYPE: (SALOON / COUPE / MPV /V /	AN / LORRY / MOTORCYCLE / OTHERS)
9/VERICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCYCLEI
THE REPOSE OF USING AT ACCIDENT	TIME: 10 W10 MX.
IJARE YOU CLAIMING UNDER YOUR	OWN INSURANCE LYES AND
IF NO, PLEASE STATE (THIRD PARTY)	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	8 8
AINAME: higher Bin Aldri	Late / FEMALE)
b)NRIC/FIN/PASSPORT: \$ 811V6147	CONTACT 82000876
CIADDRESS: BIK 67 D PUNGGOT	Dave A 08-825 (824612)
-	
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
TNO OF PASSON AS DRIVER	
(Including dising) a)NAME:	(MALE / FEMALE)
DINKIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	10
*d)DATE OF BIRTH: (2 / 5 / 198	■ Care of water of water that
e)OCCUPATION: (INDOOR / OVIDOOR	I.)(DD/MM/YYYY)
FLYEARS OF DRIVING EXPRESSION	OR)
f) YEARS OF DRIVING EXPRERIENCE: 14	717 1201
4. WAS DRIVER AN EMPLOYEE OF THE	E INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIV 5. a) WEATHER CONDITION: (CLEAR / RA	VER WITH INSURED: 00h
b)ROAD SURFACE: DRY / WET / OTHE	INING / OTHERS
6. WAS ANYBODY INJURED (NO)	:K2
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	NOITATE
S THIRD BARTY VELLE	STATION,
Me of passenger o) VEHICLE NUMBER: UR 4366R	MODEL:
Lad de la No hi Denveniente Con La	Ph
() NRIC/FIN/PASSPORT: 960230	MDCONTACT: 81984366
9. THIRD PARTY VEHICLE	CONTACT: 07770
No of passenger d) VEHICLE NUMBER:	MODEL
e) DRIVER'S NAME:	MODEL:
Induding driver F) DRIVER'S NAME:	CONTACT
	CONTACT:
## NO	

email = lugalia@ amail.com

VIDEO =





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 1 of 3 Report No. T/20190624/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 14:27		Vide Report No.:	Station Diary No.: 53		
Informa	nt's Particu	ulars		PORTE BENEZIA PRINCIPA DE PRESENTA DE PRES	
Name of Informant: LUQMAN BIN ABDUL LATIFF		Address: APT BLK 617D PUNGGOL DRIVE #08-825 SINGAPORE 824617			
ID Type / ID No.: NRIC NO / S8114614D		Contact No.: Home/Office: Mobile: 82000876			
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 38	Date of Birth: 22/05/1981	Type of Informant:		
Race: Indian			Language: Institution / School English		
Occupation: Technician		Driving Licence Inform Class: 2B,3	nation: Date of Expiry:		

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 24/06/2019 09:45	Type of Location X-Junction	
Location: Along Road 1 EDGEFIELD junction of Pu	PLAINS				
Weather: Clear	nggorrioid	Road Surface: Dry		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Light	
Traffic Flow: Dual Carriage	Way	Traffic Light - Wo	orking	Light	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FW155U	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black	Seriously Damaged	0
SGR4366R	Car					0

Details of Ve	ehicle Insurance			Charles and the latest
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20190624/2100

CONTINUATION OF REPORT

	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
1 001550	NTUC Income Insurance Co-Operative Limited	5032600557-10	31/10/2018	30/10/2019

Details of Perso		MATERIAL PROPERTY.	1			
Any Pedestrian	Involved: No					
No. of Pedestria	ns Injured: NIL	Use of Pe	edestria	n Cross	sing: NA	
Rider				0100	oling. NA	
Name	LUQMAN BIN ABDUL LATIFF).	S8114614D	
Related Vehicle	FW155U (Motorcycle)			act No.	82000876	
Hospital/Clinic	RAFFLES MEDICAL			of g ce &	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	24/06/2019	Data Dias	Expiry Date			
No. of Days gran	ted Medical Leave 03	Date Disc	ischarge 24/06/2019		5/2019	
Driver		Degree o	rinjury	NIL		
Name	CHONG KIM POH		ID No		S0023015D	
Related Vehicle	SGR4366R (Car)	SGR4366R (Car)			82984366	
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
	ed Medical Leave NIL	Date	nargo			

Brief Details.

On 24/06/2019 at about 0945hrs, I was travelling along Edgefield Plains filtering into Punggol Central, when suddenly the vehicle behind me collided into mine. We then exchanged particulars and the Traffic Police and Ambulance attended to us. I refused conveyance but decided to seek my own medical attention at Raffles Medical located at Waterway Point. I was given outpatient treatment and 3 days of medical leave.

The other driver is not injured and also does not need any conveyance to hospital. I was told that he is driving for Go-jek. I do not have a camera on my motorcycle but to my knowledge, the other driver have an in-car camera in his vehicle. That is all.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20190624/2100

CONTINUATION OF REPORT

S	ke	tc	h	P	an
•	70				an

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: F / Sr Staff Sgt ADIBAH HANIM BINTE MOHAMED RASIT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2019 14:27
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8114614D



LUQMAN BIN ABDUL LATIFF

لقمن بن عبدالطيف

INDIAN

22-05-1981

SINGAPORE





S8114614D

LUGMAN BIN ABOUL LATIFF

Birt Date 22 May 1981



4730190

For LKK/NAC Use Only

03-06-2011

APT BLK 617D PUNGGOL DRIVE #08 - 825 SINGAPORE 824617 NRIC No: S8114614D Date: 12/0

Date: 12/06/2012

No: 7125228

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 2B Motorcycles =< 200 CC Class 3 Motor cars == 3000 kg with =< 7 par deliver; and motor tractors/vehicles =

SS114614D

S / No. 9000080841

eBao Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601		minter of the state			• Change	Languag	e • Char	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		24/06/2019	09:45	
	Vehicle No. (For Motor	FW155	FW155U		Certificate Number					
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5032600557-		LUQMAN BIN ABDUL LATIFF	S8114614D	GMC	Third Party, Fire & Theft	FW15SU	FW155U	31/10/2018	30/10/2019
					Continue	J			2000 0000000000000000000000000000000000	

Policy No.	5032600557-10	Policyholder Name	LUQMAN BI	N ABDUL LATIFF	Policyholder	S8114614D	
Certificate No.		wame			NRIC	333313419	
Address	BLK 617D #08-825 PUNGGOL D	RIVE SINGAP	ORE 824617				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/10/2018	Effective Date	31/10/2018	00:00	Expiry Date	30/10/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0.0	Own damage Excess	0.0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 617D #08-825	Addr	ess 2	PUNGGOL DRIVE		Address 3	SINGAPORE 824617
Address 4		Addr	ess Type	Singapore address		Post Code	824617
Jnit No.		Relat Num	ed Policy ber	5032600557-10			
D Insure	d Object: FW155U						
♥ Endors	sements						
	nce Date of Endorsemen		Endorsemen		Endorsement	WERE VIN OWN	Endorsement Content

cident MT/1050565					
ficy No.	5032600557-10	Vehicle No.	PW155U	GST Registration No.	
ertificate No.					
olicyholder Name	LUQMAN BIN ABOUL LATIFF			Policyholder NR3C	S8114614D
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	82000876	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	(A) a made of
FK	® No ○ Yes	TCA	® No ○ Yes		Ni V
CD Protection	No	NCD Entitlement(%)	20	eCode Reason	
Accident Details			20	Private Hire	No
tport Date	25/06/2019 18:43	Acadent Report Within 24 hrs	Yes		
ate of Accident	24/06/2019			Accident Type	Collision - Head to Rear
eporting Centre	ADMINISTRA	Time of Accident Mr.mm	09:45	Country of Accident	Singapore
COdent Location	SLIP RD EOGEFIELD PLAINS TWOS PUNGO	Orange Force		TCM No.	
= Excess	THE RUNCHIELD PORTING I WITH PUNGO	IOL CENTRAL			
wn damage Excess	1900	VIEW ENGLISHED			
	0.00	Additional Excess		Windscreen Excess	0.00
nnemed Driver Excess		Outside Singapore OD Excess			
ard Party Excess Benefits	0.00	Outside Singapore TP Excess			
GST Registered Inform					
T Registered	No		GST Registration Date		
T Registration No. Idification History			GST Status Verified	Yes	
ASSESSED TO STATE OF					
Policyholder Mailing Ad	Idress				
dress 1	BLK 617D #08-825	Address 2	WINDOW BATT	*******	2010 000
Idress 4		Address Type	PUNGGOL DRIVE	Address 3	SINGAPORE 824617
nit No.			Singapore address	Post Code	824617
OI Driver Info		Related Policy Number	5032600857-10		
iver Name	LUQMAN BIN ABDUL LATIFF		12/08/21/2		
named driver Name	THOUSE BIN ASDUL DATES	Driver Type	Main Driver		
gister Date of Driver License	19/07/2001	Driver NRIC	58114614D	Driver DOB	22/05/1981
intact No.(Mobile)		Driver Age	38	Driving Experience	17
	82000876	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	8LK 6170	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 824617
idness 4		Address Type	Singapore address	Post Code	624617
nit No.	08-825				
oes he own a Singapore rejistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
CARROLL COLOR					
claration eathelyser or Blood Test					
ading?	0 ing	Any injury?	® Yes ○ No		
diffication History					
Claim 001 New					
20000000					
sim Type •	ор-мх	Insured Name	LUQMAN BIN ABOUL LATUFF	Insured NRIC	58114614D
ritact No.(Mobile)	82000876	Contact No.(Home)		Contact No.(Office)	
nail Address	MUNKYDB1 @YAHOO.COM.SG	Of Vehicle Number	PW155U	TP Vehicle Number	SGR4366R
imant Type Claimant Type *	Please Select	Type of Benefit +	Please Select		
imant Name *	25	Claimant NRIC *			
mant Address					
m Description	PW155U / SGR4366R ON 24 Jun 2019			Name of Preferred Worksho	
ferred Workshop Contact		Insured Liability *	Not at Fault		
puire Finalisation	Yes 🔍	Preferend Repair Option		GIA report	Resource
e Registered	25/05/2019 18:44	Claim Close Date	The state of the s	91 10 10 10 10 10 10 10	Received U
ort Taken By	Jacksion			Date Received	25/06/2019 00:00
Print AK letter					
Comment and					
			Save Submit		
Attachment			and the second s		
,					
	Letterature				
ident No.	MT/1050565	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	25/06/2019 18:45		
	Path +		Category. *	Confidential Urg	ency • Description •
		Browse	Clear Please Select	▼ NO ▼ Norma	
		Browse	Clear Please Select	V Norma	
		Browse	Clear Please Select	-	
			Cear Phase Select	V NO V Norma	•

