

NATIONAL Assessment Centre Services

Date In: 06/04/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21004331/13	SAS e-filing		
Veh No: 5JW 99994	E-mail (within 8hrs, APC 2hrs)		
D.O.A: 23/03/21 1830	i-Motor Claim Form		
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: 5LS9984J	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

NA2102544

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice date:	Fee Charged	
Cat. 2 / 3:		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 Submission	06/04/2021 14:34 (SGT)
Date of Accident	23/03/2021 18:30 (SGT)
Exact Location of Accident	Exeter Rd, Singapore
Additional Location Information	EXIT THE CARPARK OF 111 SOMERSET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9999U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAAGHAVAN NAARAYAN
NRIC No	SXXXX107F
Email Address	CMD@ROBUST-INTERNATIONAL.COM
Mobile Phone No	(Phone) +65-91275000
Alternative Phone No	+65-91275000

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X7 M50i 6SEATER, PGR, LASER HL, LED FL
Variant	-
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	4395

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V07790/VPS/R00
Cover Note Number	-

DRIVER

Name of Driver	RAAGHAVAN NAARAYAN
NRIC No	SXXXX107F

Date Of Birth	11/07/1961
Occupation	Indoor
Date Of Driving Pass	07/11/2001
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91275000
Alt. Phone Number	+65-91275000
Email Address	CMD@ROBUST-INTERNATIONAL.COM
Address	747 UPP CHANGI RD ESAT
Address complement	-
Postcode	486869
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANURADHA NAARAYAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POICE REPORT:T/20210405/2028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS9984J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-81262252
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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 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.
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

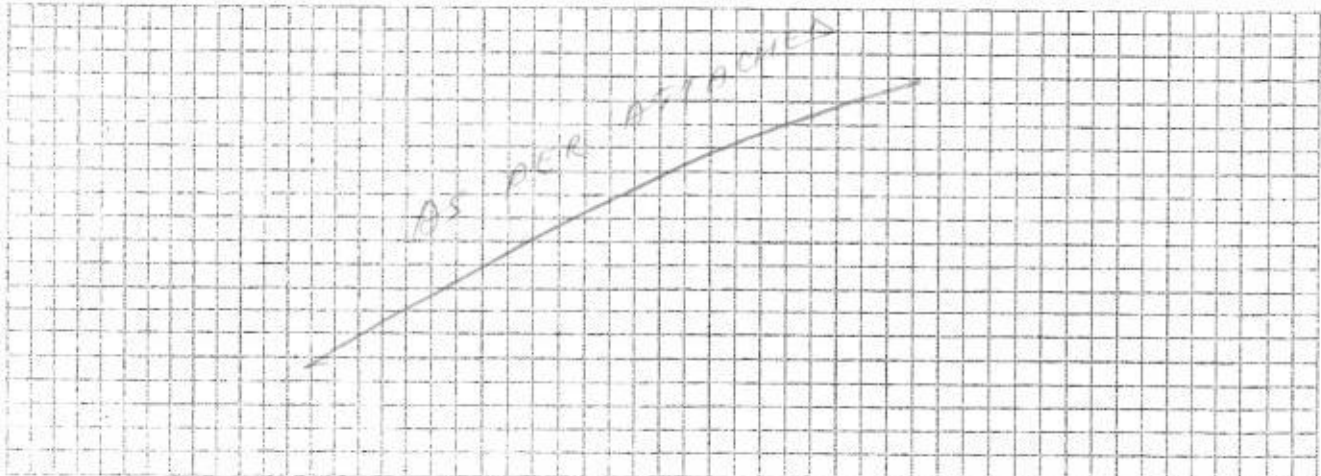
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
6.4.21

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

Witnessed by Reporting Centre Personnel
afym 06/04/21

Sketch Plan +



Google Maps Exeter Rd

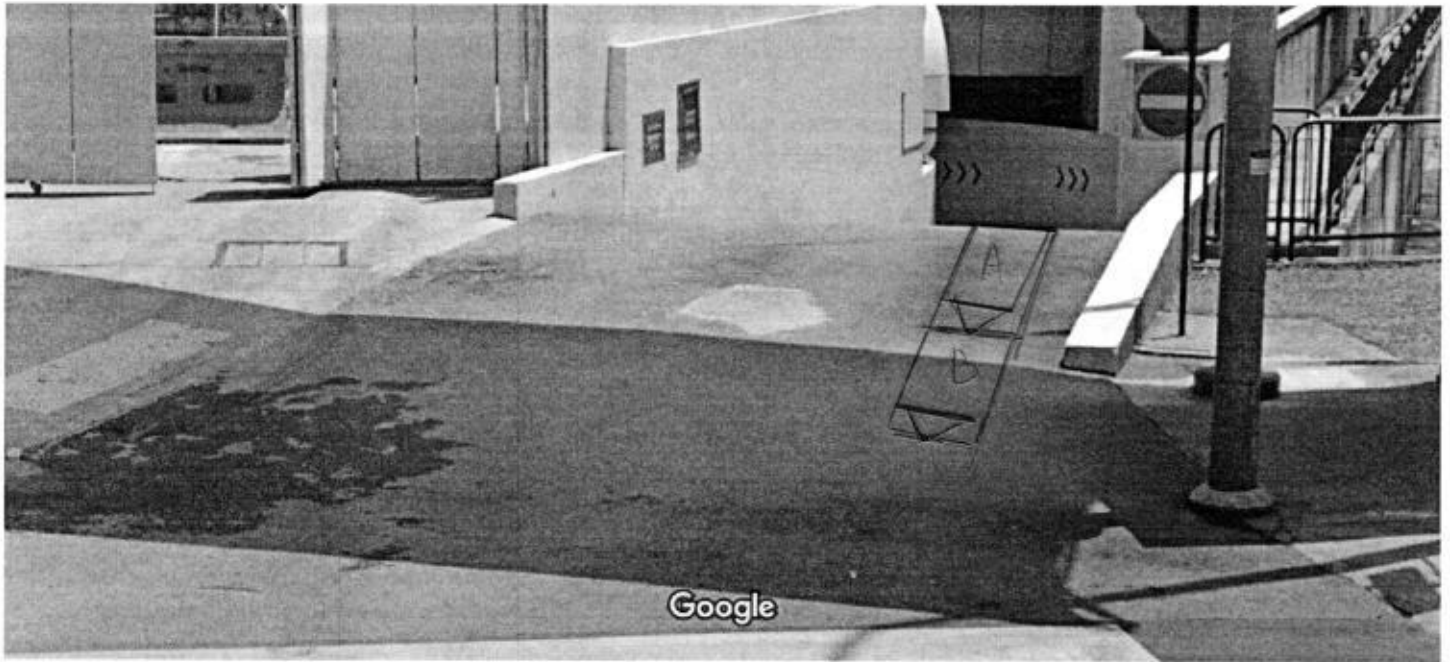


Image capture: Mar 2018 © 2021 Google

Singapore

 Google

Street View



A - SJW 99994

B - SLS 99845

P/S refer to the police report: T/20210405/2028

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

holder's Signature / Date &
6.4.21

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

24/11 06/04/21



SINGAPORE POLICE FORCE



T/20210405/2028

1 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20210405/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2021 12:37		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: RAAGHAVAN NAARAYAN			Address: 747 UPPER CHANGI ROAD EAST SINGAPORE 486869		
ID Type / ID No.: NRIC NO / S2700107F			Contact No.: Home/Office: Mobile: 91275000		
Nationality: SINGAPORE CITIZEN			Email: cmd@robust-international.com		
Sex: Male	Age: 59	Date of Birth: 11/07/1961	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Chairman			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/03/2021 18:30	Type of Location: Carpark exit, upslope that is bending
Location: EXETER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 5 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SJW9999U	Car	BMW	X7	Blue	No Damage	1
SLS9984J	Car	MAZDA		Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210405/2028

3 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20210405/2028

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:

E /

SCSGT(1) SEAN TAN KAI WEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/04/2021 12:37

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**



T/20210405/2028

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20210405/2028

CONTINUATION OF REPORT

Brief Details.

On 23/03/2021 at about 6.30pm, I was driving (SJW9999U) along a upslope bend that exits the car park of 111 Somerset. This exit slope leads to Exeter Road. As I was driving, I could not see the any vehicles in front of me since the upslope was quite steep and that the side mirror did not show any vehicles at the end of the slope. I saw a pedestrian crossing the pavement crossing and thus I stopped. After the pedestrian has finished crossing, my car went over a hump and subsequently the front of my car (SJW9999U) hit the rear of a black coloured Mazda car (SLS9984J).

Afterwards, both of us got out of our cars and we exchanged our particulars (handphone number). I informed the driver of the Mazda car (SLS9984J) that I would be able to settle the bill for the repair of his car (SLS9984J).

I wish to state that my wife was a passenger and she witnessed the accident. My car (SJW9999U) did not suffer any damages at all. However, the Mazda car (SLS9984J) experienced a small dent on its rear. The dent is on the Mazda logo. I also wish to state that there were no CCTVs in the vicinity of the area. I also wish to state that my car (SJW9999U) has an in car camera. As for the Mazda car (SLS9984J), I am unsure of whether it has in car camera or not. I also wish to state that no one was injured because of this accident.

On 1/4/21, I received a letter from traffic police informing that I have to lodge a police report. As such, I would like to lodge this police report for recording and investigative purposes. I wish to state state that this letter is dated on 27/03/21 and the reference number is TP/IP/15427/2021.

Details of Mazda driver (SLS9984J):
HP: 8126 2252

Details of my wife (passenger and witness in my car SJW9999U):
Name: Anuradha Naarayan
IC: S6983350J



ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 03 / 21) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: EXETER ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW9999U
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: SD20V07790
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
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: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAGHAVAN NARAYAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2700107F CONTACT: 91275000
c) ADDRESS: 747 UPP CHANGI RD EAST
486869

*d) DATE OF BIRTH: (11 / 07 / 1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 07/11/2001

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

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:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLS9984J MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT: 81262252

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Carail =

fax =

VIDEO = yes

Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987
 ROAD TRANSPORT (AMENDMENT) ACT 2019
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD20V07790 /VPS /R00
Form	MX1
Date of Issue	21-JUL-2020
1.Index Mark and Registration No. of Vehicle:	SJW9999U
2.Chassis number of Vehicle:	WBACX620809C31619
3.Name of Policyholder:	RAAGHAVAN NAARAYAN
4.Effective date of Commencement of Insurance for the purposes of the Act:	09-JUL-2020 00:00 AM
5.Date of Expiry of Insurance:	08-JUL-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his permission.	
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.The Policy does not cover:	
A) Use for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing. C) Use for the carriage of goods (other than samples) in connection with any trade or business. D) Use for any purpose in connection with the Motor Trade.	
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.</p>	
<p>I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <div style="text-align: center;">  <hr style="width: 200px; margin: 0 auto;"/> <p>Authorised Signature</p> </div>	

For information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, NCD Protection
SUM INSURED:	S\$536888
EXCESS:	Section I - (Driver Must Be Between 27 To 69 Years Old With At Least 3 Years Driving Experience And No Claims For The Past 3 Years) - Singapore S\$2500 / Outside Singapore S\$5000, Windscreen Excess S\$500
FINANCE COMPANY:	
PRODUCER NAME:	SD CONTEGO SERVICES