

NATIONAL Assessment Centre Services

Date In: 08/08/2023 12/32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB/LIP 2800/05814	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SKK 4574L	I-Motor Claim Form		
D.O.A: 28/01/2023 19:00	I-Motor W/O (whats: 00 hrs, 00 mins)		
QC / TP / Reporting Only	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Vch No: SMZ 9330Y	INC () / Non-INC ()	
Owner / Driver: (	Tel: (
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note: 1st Status (WO): 1st 0-20%, 2nd 21-79%, 3rd 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 repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 10/11/2023 07:08:0015)	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: ()

NA2300342	Invoice Preparation Checklist	Ass't
Important Particulars:	1) All: Accident Reporting (230)	
Owner/Owner:	2) DA: Damage Assessment (\$1000) INC (\$55)	
Contact No:	3) TP: Towing Fee \$20/\$40	
Damaged Portion: ()	4) PT: Follow-Through Survey \$150	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$70	
	7) NI: New DA, P-SMPT Survey \$140	
	8) NIUC Additional Services	
Checked by (Engr-In-Charge):	9) QP	
	*NI: Courtesy Car / Tot Allowance \$5	
	*NI: Repair Coordination \$15	
	*NI: Post Repair Inspection \$20	
	*NI: DV / Collect Excess Coordination \$5	
	*TP (NI): TP (Non-INC) Invoice INC \$10	
	TP (NI) Invoice \$10	
	Invoice Date:	Fax 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 Actual 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	02/02/2023 12:32 (SGT)
Reported by	Driver
Date of Accident	25/01/2023 19:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE BUKIT TIMAH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF4574L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUTOROL PTE. LTD
Company Reg No	2XXXXX613E
Email Address	reporting.gt@gmail.com
Mobile Phone No	(Phone) +65-97993682
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V06297/VTN/R02

DRIVER

Name of Driver	N R SATHEES
NRIC No	SXXXX188D
Date Of Birth	05/02/1995
Occupation	Outdoor

Date Of Driving Pass	14/02/2015
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97993682
Alt. Phone Number	-
Email Address	satheesrajendran95@gmail.com
Address	BLOCK 237 HOUGANG STREET 21 #02-386
Address complement	-
Postcode	530237
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230126/7138

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ9330Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT3304G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMZ3438K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLP8037R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	N R SATHEES
Gender	Male
Phone No	(Phone) +65-97993682
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNF4574L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

AUTOROL PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

	<p>A: SNF4574L</p> <p>B: PMZ 93301</p> <p>C: PLT 33046</p> <p>D: PMZ 3438K</p> <p>E: PLP 8037R</p>
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Describe Circumstance of the Accident

Refer to TP Report

T/ 20230126/7138

Declaration

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

AUTOROL PTE LTD

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230126/7138

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230126/7138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 14:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: N R SATHEES			Address: 237 HOUGANG STREET 21 #02-386 SINGAPORE 530237		
ID Type / ID No.: NRIC NO / S9504188D			Contact No.: Home/Office: Mobile: 97993682		
Nationality: SINGAPORE CITIZEN			Email: satheesrajendran95@gmail.com		
Sex: Male	Age: 27	Date of Birth: 05/02/1995	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2023 19:00	Type of Location: Straight Road
Location: CARLISLE ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLP8037R	Car					0
SLT3304G	Car					0
SMZ3438K	Car					0
SMZ9330Y	Car					0



**SINGAPORE
POLICE FORCE**



T/20230126/7138

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230126/7138

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNF4574L	Car					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	N R SATHEES		ID No. S9504188D
Related Vehicle	SNF4574L (Car)		Contact No. 97993682
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/01/2023		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was travelling along CTE towards City before Bukit Timah Exit. The traffic was heavy. SLP8037R who was travelling in front of me begin to slow down and stop, hence i follow suit to slow down and stop without any contact. The next moment, i felt an impact from my vehicle rear portion. When i got down, i realised i was involved in a 5 cars chain collision.

- Car 1) SMZ 3438 K
- Car 2) SLP 8037 R
- Car 3) SNF 4574 L
- Car 4) SMZ 9330 Y
- Car 5) SLT 3304 G

I felt unwell after the accident, hence i went to the A&E and consult the doctor.



**SINGAPORE
POLICE FORCE**



T/20230126/7138

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230126/7138

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JUN YAN
Contact No.: 65476311

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/01/2023 14:29

Classification Of Case:

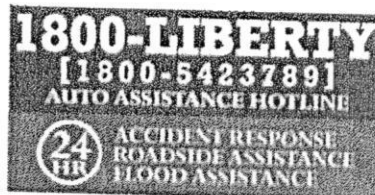
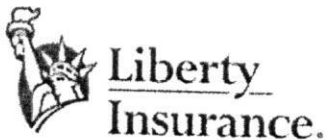
Date of Accident : 25/01/23 Accident Time: 1900 (24-HR-FORMAT)
Accident Place : CTE towards City before Bukit Timah Exit
Vehicle Reg. No (Car plate No.) : PNF4574L CC : Vehicle Make/Model: Volkswagen Golf
Insurance Company : Liberty Policy No: 8155V06297/NTN1R02M2;
Name of Registered Owner : Company / Individual Autorol Pte Ltd.
ID of Registered Owner : Co Reg No: Owner's NRIC No:
OWNER EMAIL ADDRESS: reporting.gi@gmail.com : Co Contact No: Owner's Contact No:
DRIVER'S Name : M R Sathes DRIVER'S NRIC No: 885041880
DRIVER'S Date of Birth : 05/02/95 DRIVER'S License Pass Date 14/02/15
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Block 237 Hongkong Street 21 #02-386
DRIVER'S Contact No./ Alt No. : 1) 9799 3682 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Sathesrajendran95@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 1 Name & Gender:
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) M R Sathes

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>PM29330Y (B)</u>	Vehicle Reg No: <u>PLT3304G (C)</u>
Vehicle Make/Model: <u></u>	Vehicle Make/Model: <u>PM2 3438K (D)</u>
Name DRIVER: <u></u>	Name DRIVER: <u>PLP 8037R (E)</u>
IC No. DRIVER: <u></u>	IC No. DRIVER: <u></u>
DRIVER'S Contact & add: <u></u>	DRIVER'S Contact & add: <u></u>

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS:

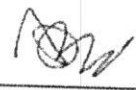
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



Liberty Insurance Pte Ltd
Registration no: 1996027011
81 Club Street
#03/00 Liberty House
Singapore 069428
Tel: (65) 6221 8611

Certificate of Insurance

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	SI22V06297 /VTN /R02
Form	MZ9
Date Of Issue	12-MAY-2022
1 Index Mark and Registration No. of Vehicle	.....
2 Chassis number of Vehicle	
3 Name of Policyholder	AUTOROL PTE LTD
4 Effective date of Commencement of Insurance for the purpose of the Act	23-MAY-2022 00:00 AM
5 Date of Expiry of Insurance	22-MAY-2023 23:59 PM
6 Persons or Classes of Persons entitled to drive*	ROLAND LIM CHEE BENG (ROLAND LINZHIMING)
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 to that behalf from driving the Motor Vehicle 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	
7 Limitations as to use*	Use only for Motor Trade purposes
8 Policy does not cover	The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.
*Limitations rendered inoperative by Section 6 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	
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	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE: SUM INSURED: EXCESS: FINANCE COMPANY: PRODUCER NAME:	Third Party Only Demonstration Extension Geographical Area: Singapore only, Standard Operating Hours: 8 am to 6 pm Section B: S\$3000 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$3000 B.A.S. INSURANCE AGENCY

20220513

Ver.1.260705