

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA117170865

Date In: 20/12/17-15:01	Job description	Date & Time Completed	Done by
Ref No: NA/141702425124	SAS e-filing		
Vch No: 615F2204K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/12/17-15:00	i-Motor Claim Form	M/0975670	24/12/17 17:22
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:	Vch No: 6U2694R	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

NA1708043	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	QP*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	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 ability.
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 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	29/12/2017 15:01
Date Of Accident	27/12/2017 15:00
Exact Location Of Accident	SLIP RD PIE TWDS B. BATOK EAST AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2204K
Insured/Policyholder	
Name Of Registered Owner	QUANTUM SAFETY NETWORK PTE LTD
Co Reg No	200311458M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63522422

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091858306
Cover Note Number	

Driver

Name of Driver	TAN KIANG MENG
NRIC No	S7002136F
Date Of Birth	21/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1993
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98411286
Fax Number	
Contact Number	OFFICE-98411286
Email Address	NOEMAIL

Address	BLK 578 ANG MO KIO AVENUE 10 #03-1941
Postcode	560578
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	GU2694R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN AH CHUAN
NRIC/Passport Number	S1628465C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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.

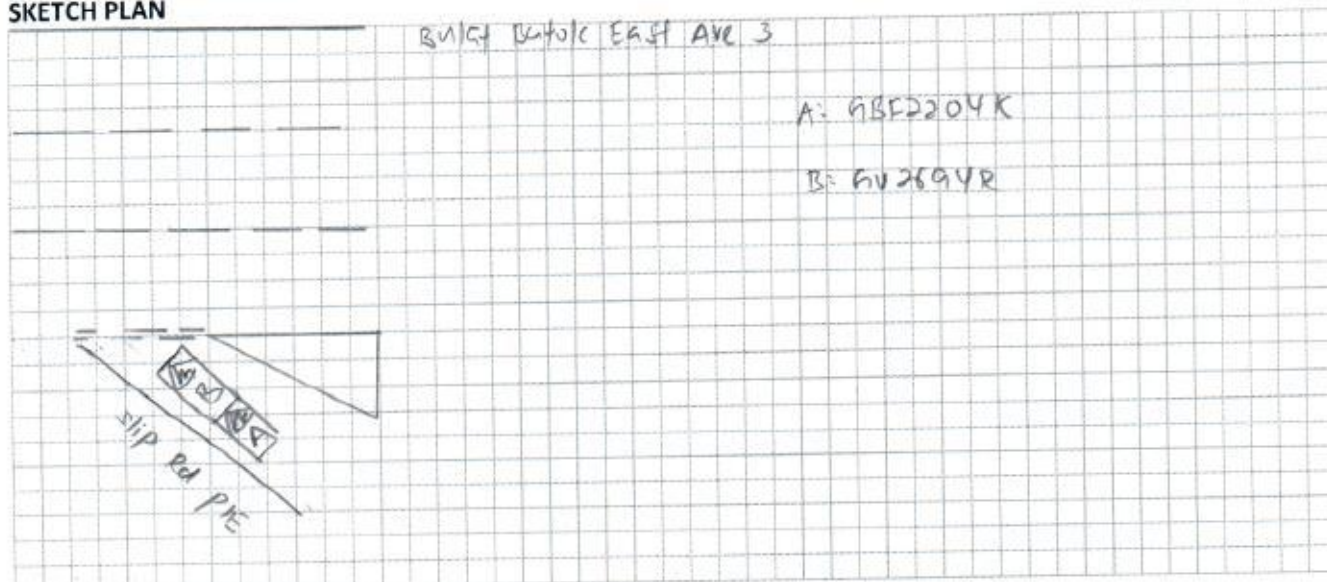


Policyholder's Signature
Date & Time:

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

On 27/12/17 15:00 I was travelling along Slip Rd PIE twds Bukit Barble
 East Ave 3. Suddenly vehicle B ^{stationary} stopped within the stopping. I did not
 realise that he did not move his vehicle, so my vehicle hit onto
 vehicle B rear portion.

DECLARATION

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



Policyholder's Signature
 Date & Time:

[Signature]

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

[Signature]

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

PRIVATE SETTLEMENT
(No Personal Injuries / Minor Damages)

Details of Accident :-

Date/ Time: 27/12/17 around 3.00 pm

Location: Bukit Batok East Ave 3

Motor-vehicle Registration no. GU 2694R

driven by Tan Ah Chuan 81628465C (Name & NRIC/Fin no)

and owned by Jin Quan Motor Trading (Name & NRIC/Fin no).

Motor-vehicle Registration no. GBF 2204K

driven by Tan Kiang Mang 57002136F (Name & NRIC/Fin no)

and owned by Quantum Safety Network Pte Ltd (Name & NRIC/Fin no).

There are no personal injuries or death involved.

The parties have agreed to settle this matter amicably as follows: ***delete a) or b) as applicable.**

*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident. Quantum Safety Network Pte Ltd

*b. Without any admission of liability, Tan Seng Jin 51696899D (paying party) has paid a sum of \$ 900.00/- (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Both parties have not and will not make a police report of this accident.

Name: Tan Seng Jin (paying party)

Tel: 91504756

NRIC/Fin no: 51696899D

Signature: 

Name: Tan Ah Chuan (owner receiving compensation)

Tel: 96270050

NRIC/Fin no: S 1628465C

Signature: 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7002136F



Name
TAN KIANG MENG
陈建名
Race
CHINESE
Date of Birth
21-01-1970 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7002136F**
Name
TAN KIANG MENG
Birth Date **21 Jan 1970**
Issue Date **23 Jul 2003**




21



Indic No. **S7002136F**



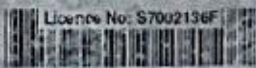
Blood Group **B+** Date of issue **18-06-1994**

Address
APT BLK 578 ANG MO KIO AVENUE 10
#03-1941
SINGAPORE 2056

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Sep 1993
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	01 Sep 2000

NR 428A



Licence No. S7002136F

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

27/12/2017 15:00

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091858306	QUANTUM SAFETY NETWORK PTE LTD	200311458M	GCV	Comprehensive	GBF2204K	GBF2204K	29/07/2017	28/07/2018

Continue

▼ Policy Information

Policy No.	5091858306	Policyholder Name	QUANTUM SAFETY NETWORK P1	Policyholder NRIC	200311458M
Address	998 TOA PAYOH NORTH #03-14/15 SINGAPORE 318993				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/06/2017	Effective Date	29/07/2017 00:00	Expiry Date	28/07/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LOW SIEW JONG MADELINE	Agent Tel.	96542196	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	998 TOA PAYOH NORTH	Address 2	#03-14/15	Address 3	SINGAPORE 318993
Address 4		Address Type	Singapore address	Post Code	318993
Unit No.		Related Policy Number	5084577332-01		

▶ Insured Object: GBF2204K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0975670

Policy No.	5091858306	Vehicle No.	GBF2204K	GST Registration No.	
Policyholder Name	QUANTUM SAFETY NETWORK PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)	63522422	Loading	
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date

29/12/2017 17:08

Date of Accident

27/12/2017

Reporting Centre

Accident Location

SLIP RD PIE TWDS B. BATOK EAST AVE 3

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

15:00

Orange Force

Accident Type

Collision - Head

Country of Accident

Singapore

ICM No.

Own damage Excess

600.00

Unnamed Driver Excess

Third Party Excess

0.00

Additional Excess

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

GST Registered

Yes

GST Registration No.

200311458M

Modification History

GST Registration Date

01/01/2004

GST Status Verified

Yes

Address 1

998 TOA PAYOH NORTH

Address 4

Unit No.

Address 2

#03-14/15

Address Type

Singapore address

Related Policy Number

5084577332-01

Address 3

Post Code

Driver Name

Unnamed Driver

Unnamed driver Name

TAN KIANG MENG

Register Date of Driver License

11/09/1993

Contact No.(Mobile)

98411286

Address 1

BLK 578

Address 4

Unit No.

03-1941

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Type

Unnamed Driver

Driver NRIC

S7002136F

Driver Age

47

Contact No.(Office)

0

Address 2

ANG MO KIO AVENUE 10

Address Type

Singapore address

Driver Vehicle No.

Driver DOB

Driving Experience

Contact No.(Home)

Address 3

Post Code

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	QUANTUM SAFETY NETWORK P	Insured NRIC	
Contact No.(Mobile)	91504706	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	sales@quantumsafety.com.sg	OI Vehicle Number	GBF2204K	TP Vehicle Number	
Claim Description	GBF2204K / GU2694R ON 27 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	29/12/2017 17:22	Claim Close Date		Date Received	
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/0975670	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/12/2017 17:23
Path *	<div> <div>Browse</div> <div>Clear</div> <div>Please Select</div> </div>		
	Category *	Confidential	Urgency
		NO	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:23	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:23	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 17:22	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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