

Survey Department Check List (Case Handler)

Reference No.: NS/MC18003771/K19b
 Policy Type: OD / TP / TP RES / TL / EVA

SH 8775K
 Typist

Case Handler

Admin (Cathy): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	<input checked="" type="checkbox"/>			
C	Customer Code	<input checked="" type="checkbox"/>			
N	Assign From				
C	Assign Date	<input checked="" type="checkbox"/>			
C	Veh No (Inspected)	<input checked="" type="checkbox"/>			
C	Veh No (Insured)	<input checked="" type="checkbox"/>			
C	D.O.A	<input checked="" type="checkbox"/>			
C	Policy No	<input checked="" type="checkbox"/>			
C	Claim No	<input checked="" type="checkbox"/>			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	<input checked="" type="checkbox"/>			
C	Weekend Charges				
N	Survey held at/Repairer	<input checked="" type="checkbox"/>			
C	Excess				

Surveyor (Kalvin): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	<input checked="" type="checkbox"/>			
C	Regn Month/Year	<input checked="" type="checkbox"/>			
N	Vehicle Type	<input checked="" type="checkbox"/>			
N	Make & Model	<input checked="" type="checkbox"/>			
C	Engine Capacity. (C.C)	<input checked="" type="checkbox"/>			
N	Colour	<input checked="" type="checkbox"/>			
C	Odometer. (Sp.Reading)	<input checked="" type="checkbox"/>			
C	Chassis No	<input checked="" type="checkbox"/>			
N	General Condition	<input checked="" type="checkbox"/>			
N	Steering	<input checked="" type="checkbox"/>			
N	Brake	<input checked="" type="checkbox"/>			
N	Modification (Modi)	<input checked="" type="checkbox"/>			
C	Tyre Size	<input checked="" type="checkbox"/>			
N	Tyre Make	<input checked="" type="checkbox"/>			
C	Tyre Balance	<input checked="" type="checkbox"/>			
C	Date of Inspection	<input checked="" type="checkbox"/>			
N	Survey held	<input checked="" type="checkbox"/>			
N	Des.of Damages	<input checked="" type="checkbox"/>			

(2) System - (Views/Merimen)		Y-Date	N-Date	Y-Date	N-Date
C	Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>			

(3) Workshop Estimate/Assignment Form		Y-Date	N-Date	Y-Date	N-Date
N	ALL Parts condition	<input checked="" type="checkbox"/>			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	<input checked="" type="checkbox"/>			
C	Finalised Amount	<input checked="" type="checkbox"/>			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)		Y-Date	N-Date	Y-Date	N-Date
C	Resurvey photo Uploaded	<input checked="" type="checkbox"/>			

Check By: [Signature] 01/3/18
 Case Handler Date

*C: Critical *N: Non-Critical



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003721/K1qb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-02-2018			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJJ 6971L	Veh. Inspected	SH 8772K
Policy No.	5077383624-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/02/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	23/02/2018	Inspection Date	26/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0984034-001	COMFORT TRANSPORTATION PTE LTD	SHA 1578T	PC 2508J	17/2/2018
2	MT/0983240-002	CITY CAB PTE LTD	SHC 7849L	SGF 8231H	21/2/2018
3	MT/0983930-002	COMFORT TRANSPORTATION PTE LTD	SHC 8739P	FBG 1944J	16/2/2018
4	MT/0983144-002	COMFORT TRANSPORTATION PTE LTD	SHA 4339Y	PA 8235S	16/2/2018
5	MT/0982985-002	COMFORT TRANSPORTATION PTE LTD	SHA 4519U	SJL 3341P	16/2/2018
6	MT/0982807-002	CITY CAB PTE LTD	SHD 8845K	SJH 994X	15/2/2018
7	MT/0983460-002	COMFORT TRANSPORTATION PTE LTD	SHC 8578L	SJD 6928U	23/2/2018
8	MT/0983588-002	CITY CAB PTE LTD	SHA 39P	SHD 2276S	26/2/2018
9	MT/0982777-002	CITY CAB PTE LTD	SHC 739S	SHC 6222B	14/2/2018
10	MT/0982554-002	COMFORT TRANSPORTATION PTE LTD	SH9778M	SJJ 8500A	15/2/2018
11	MT/0983265-002	COMFORT TRANSPORTATION PTE LTD	SH 7185L	GT 4037E	21/2/2018
12	MT/0982542-002	COMFORT TRANSPORTATION PTE LTD	SHC 3778J	SJR 3977Z	15/2/2018
13	MT/0983492-002	COMFORT TRANSPORTATION PTE LTD	SH 8772K	SJJ 6971L	23/2/2018
14	MT/0983425-002	COMFORT TRANSPORTATION PTE LTD	SHC 3943Z	FBB 7581J	22/2/2018
15	MT/0984043-001	COMFORT TRANSPORTATION PTE LTD	SHA 2563D	SKN 8654G	22/2/2018

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5077383624-02	AUTCLINK HOLDINGS PTE LTD	200501881C	GFT	Third Party	SJ6971L	SJ6971L	27/01/2018	

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 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	24/02/2018 10:54
Date Of Accident	23/02/2018 22:10
Exact Location Of Accident	RAFFLES BOULEVARD B4 TEMASEK BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8772K
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	LIM AH NGOH
NRIC No	S1383740F
Date Of Birth	29/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	30/10/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 453 PASIR RIS DRIVE 6 #06-222
Postcode	510453
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

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?	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)	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 ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ6971L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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. 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

24/02/18 -

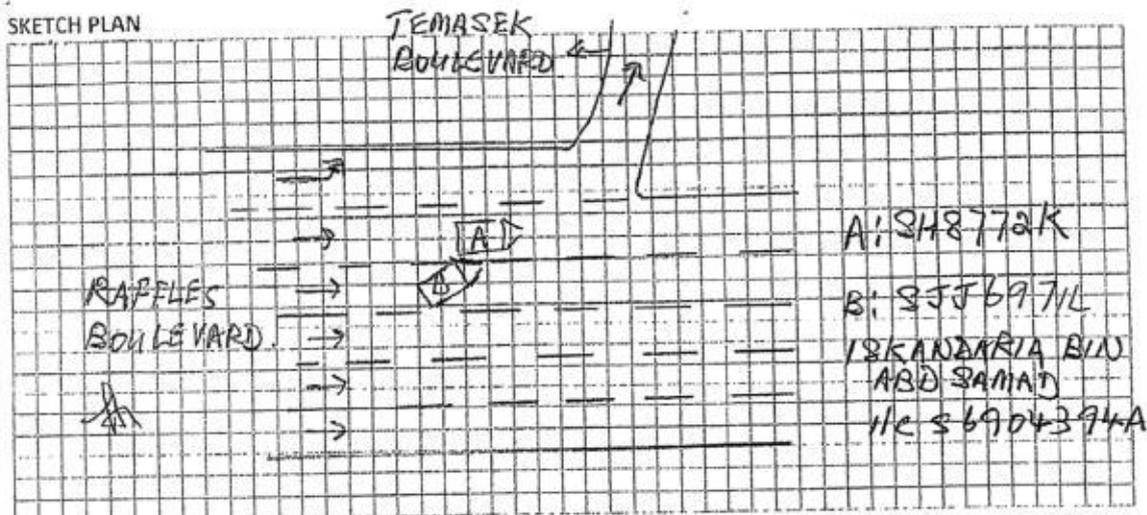
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IAAC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

**COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE***

NTUC/LKK

FZ
Fauzy

VEHICLE NO : SH 8772 K

DATE 2/24/2018 10:38

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Wheel Hub Cap RH <i>brasil</i>			\$ 125.00 <i>150.70</i>
	<i>Rear Bumper x 149.00</i> SUB TOTAL			\$ 125.60
	<i>Rear Side (RH) x 149.00</i> LESS 20%			\$ (25.12)
	DISCOUNTED TOTAL			\$ 100.48 <i>120.56</i>
	Rear Door Advertisement Logo - RH <i>X²</i>			\$ 100.00 <i>Nett</i>
	Labour Charge			
0	Panel Beating			\$ 350.00 <i>100</i>
	Spray Painting Charge			\$ 200.00 <i>600.36</i>
	Rear Wheel Alignment			\$ 80.00 <i>X²</i>
	TOTAL LABOUR			\$ 630.00 <i>830</i>
	ESTIMATE TOTAL			\$ 830.48 <i>1050.56</i>

*Kaka (LKK)
// 26/2/18 10.50hr
2 Dgs
45
After Repair photo*

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party surveys are on a "Without Prejudice" basis
- No legal responsibility is accepted
- Supplies and materials must be surveyed and is subject to approval from Insurance Company

Acknowledged by the Repairer
Signed
Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305119562
Date : 26.02.2018

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508909
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 8772K

Date of Accident : 23.02.2018

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC -- SJJ6971L
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$450.00</u>
Final Lumpsum Repair cost	<u> </u>

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Calvin
Date : 27/2/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003721/K1qbs2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 06-03-2018
Code: INC4	
	
1. Policy Particulars :- THIRD PARTY CLAIM	
Insured Veh. SJJ 6971L	Veh. Inspected SH 8772K
Policy No. 5077383624-02	Coverage (\$) 0.00
Claim No. MT/0983492-002	Excess (\$) 0.00
Assign From	Assign Date 26/02/2018
2. Vehicle Particulars & Condition	
Make & Model HYUNDAI I40	c.c 1685
Engine No. HIDDEN	Year of Reg. 2015
Chassis No. KMHLB41UMFU068819	Colour BLUE
Odometer 531615	Steering IN ORDER
Brakes IN ORDER	Modification STANDARD ALLOY RIM
General FAIR	
3. Conditions of Tyres	
	Size Make Balance
R/H Front Tyre	205/60R16 HANKOOK 7 mm
L/H Front Tyre	205/60R16 HANKOOK 7 mm
R/H Rear Tyre	205/60R16 HANKOOK 7 mm
L/H Rear Tyre	205/60R16 HANKOOK 7 mm
4. Description of Damages	
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.	
5. General Information	
Accident Date 23/02/2018	Inspection Date 26/02/2018
Survey held at COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969	
5a. Remarks	
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.	
5b. Estimate Days of Repair	
ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days



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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8772K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR WHEEL HUB CAP RH	GRAZED	150.70	150.70
1	REAR BUMPER (NPA)	TO REPAIR	-	-
1	REAR FENDER (RH) (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-30.14	-30.14
			120.56	120.56
SPECIAL NETT ITEMS				
1	REAR DOOR ADVERTISEMENT LOGO - RH (SN)	NOT NECESSARY	100.00	-
			100.00	-
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		430.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	360.00
			830.00	460.00
GRAND TOTAL			1,050.56	580.56
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				450.00

Report Ref No. NS/INC18003721/K1qbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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