

Survey Department Check List (Case Handler)

Reference No. : NS | INC | 8003752 | Kmb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (_____ **):** 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.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

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

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded				
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Check By: VERON 1/3/18
 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/INC18003752/K1vb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 27-02-2018  Code: INC4		
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh. SJN 665P	Veh. Inspected SHB 3199K		
Policy No. 5034559615-09	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 24/02/2018	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.			

TP Claims against NTUC Income: Follow-Through Survey

Date : 1/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0984190-001	CITY CAB PTE LTD	SHB 2020Z	SLU 1543R	15/2/2018	0:25	\$ 2,461.58
2	MT/0983753-002	COMFORT TRANSPORTATION PTE LTD	SHC 3890S	YN 6525T	26/2/2018	11:35	\$ 1,314.40
3	MT/0982386-002	COMFORT TRANSPORTATION PTE LTD	SHD 4031T	SIH 2579Z	11/2/2018	22:40	\$ 2,555.88
4	MT/0984208-002	CITY CAB PTE LTD	SHB 3199K	SJN 665P	24/2/2018	11:30	\$ 1,986.32
5	MT/0983483-002	COMFORT TRANSPORTATION PTE LTD	SHD 4619Z	SKX 9138X	23/2/2018	18:50	\$ 2,220.92
6	MT/0982572-002	COMFORT TRANSPORTATION PTE LTD	SHC 8037G	SLM 6012R	15/2/2018	21:40	\$ 5,582.00
7	MT/0982638-002	COMFORT TRANSPORTATION PTE LTD	SHD 3573C	AX 8757J	17/2/2018	16:50	\$ 6,024.30
8	MT/0983442-002	COMFORT TRANSPORTATION PTE LTD	SHC 8134J	SKZ 5012R	22/2/2018	22:50	\$ 2,461.58
9	MT/0982938-002	COMFORT TRANSPORTATION PTE LTD	SHA 3542H	YM 3550U	14/2/2018	14:30	\$ 10,041.50

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"/>	5034559615-09	ONG EE PING	S6944441E	GPC	drivo CLASSIC	SJN665P	SJN665P	29/01/2018	28/01/2019

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 judgement 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	26/02/2018 09:09
Date Of Accident	24/02/2018 11:30
Exact Location Of Accident	IRRAWADDY RD (M. ELIZABETH NOVENA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3199K
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	KOH SWEE HOCK
NRIC No	S0129426A
Date Of Birth	09/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	25/05/1971
Driving Experience	46 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 624 ANG MO KIO AVENUE 4
#03-1100

Postcode 560624

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 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? YES

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 SJN665P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KOH SWEE HOCK
Approximate Age	
Injuries Sustain	SHOCK AND NECK
Injured person in which vehicle?	SHB3199K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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 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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

25/2/18
Jackson Heng
CEO

Policyholder's Signature
Date & Time:

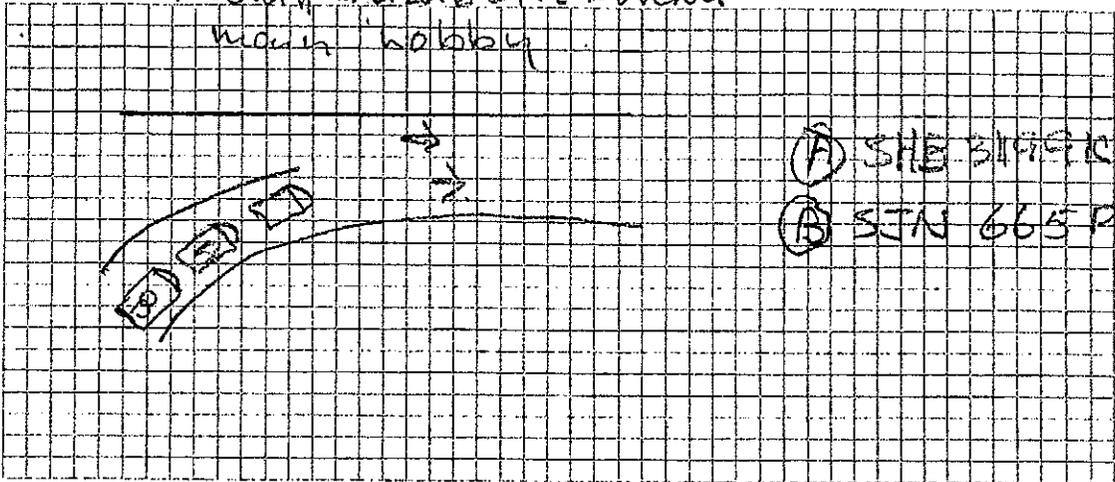
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SKETCH PLAN

Mouth Elizabeth Novena
main lobby



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/2/2018 at about 1130 hrs, I vehicle A was
 behind the front car at Mouth Elizabeth Novena
 main lobby. A few second later vehicle B
 came from my back and bang into my taxi
 rear portion. Due to great impact my neck was
 jerk and shock.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

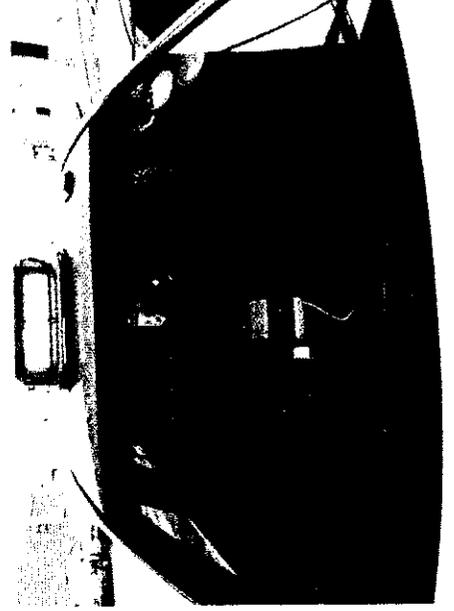
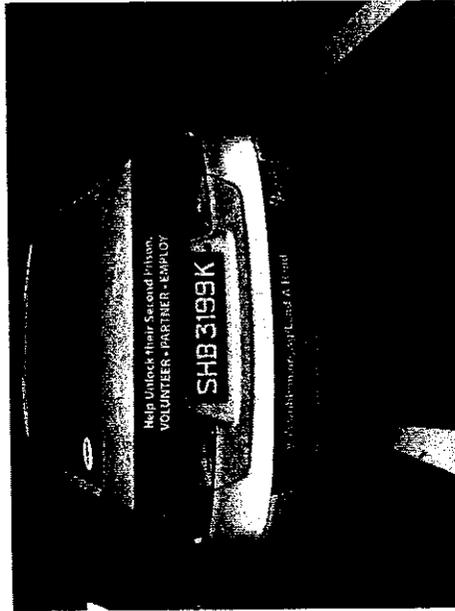
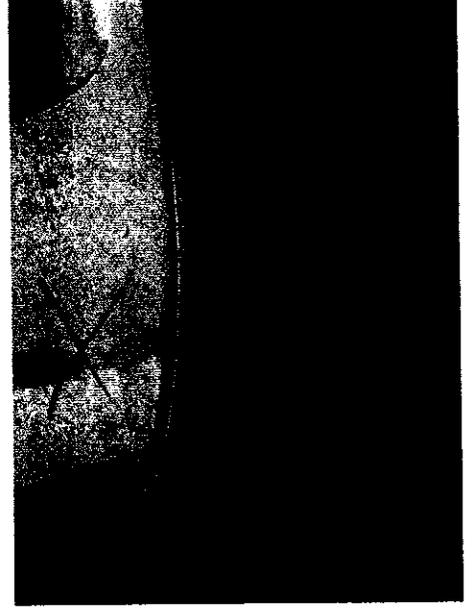
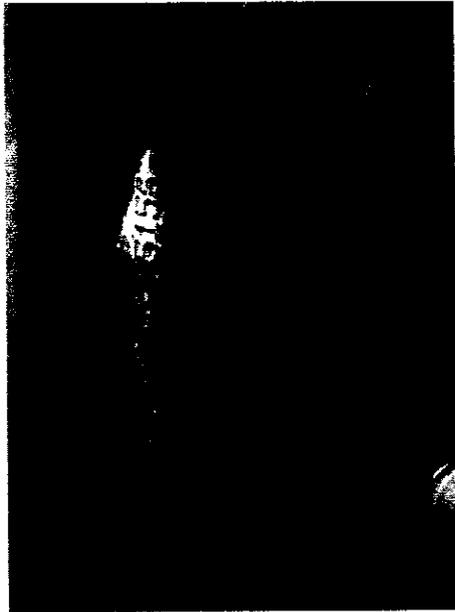
Driver's Signature
(If driver is not the policyholder)
Date & Time:

25/2/18

Jackson Heng
C#0

Jackson

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



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3199K

DATE 26/2/2018 10:33

MAKE :

MODEL : HYUNDAI SONATA

Cheng *A for*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X 1pc</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X 1pc</i>			\$ 483.30
	Rear Bumper Clip <i>X 1pc</i>			\$ 22.00
	Rear Bumper Sponge <i>X 1pc</i>			\$ 137.40
	Rear Bumper Under Cover <i>X 1pc</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X 1pc</i>		\$ 38.00	\$ 76.00
	SUB TOTAL			\$ 1,482.90
	LESS 20%			\$ 296.58
	DISCOUNTED TOTAL			\$ 1,186.32
	Rear Bumper Advertisement Logo <i>1 pc</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>2 pc</i>		\$ 100.00	\$ 200.00 Nett
				\$ 250.00
	Labour Charge			
	Panel Beating			\$ 350.00 <i>100</i>
	Spray Painting Charge			\$ 200.00 <i>180</i>
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 1,986.32

Ko Lin Fook
26/2/18 1470hrs
2 Pys
43
After Repair photo

LKK Auto Consultants hence 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 survey is on a "Without Prejudice" basis
 • No illegal modifications is allowed
 • Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 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 : 305117145
Date : 27/02/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

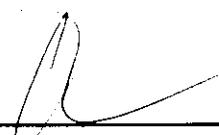
To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHB3199K 24/02/2018

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

1. The repair job shall bill to: NTUC SJN665P
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** \$400.00
 - (c) Lumpsum Repair (if applicable) _____
 - Total for Lumpsum repair cost after Less: _____
 - Final Lumpsum Repair cost** _____

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 :  Signature : 
Name : CHIANG Name : Kalvin
Tel : 62148314 Date : 28/2/18
Fax : 65468156

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: _____



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



Thatcham *escribe*

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003752/K1vbe2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 07-03-2018
Code: INC4	



1. Policy Particulars

Insured Veh.	SJN 665P	Veh. Inspected	SHB 3199K
Policy No.	5034559615-09	Coverage (\$)	0.00
Claim No.	MT/0984208-002	Excess (\$)	0.00
Assign From		Assign Date	26/02/2018

2. Vehicle Particulars

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMB815156	Colour	YELLOW
Odometer	163517	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	24/02/2018	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 Day of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **2 Working Days**



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3199K

Qty	Description of Parts	Condition	Estimated Workshop Fee	Adjusted (GST)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR	578.40	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
1	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	SERVICEABLE	76.00	-
	LESS 20% DISCOUNT		-296.58	-
			1,186.32	-
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			550.00	280.00
GRAND TOTAL			1,986.32	530.00

RECOMMENDED COST OF BUMP BUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	00.00
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Report Ref No. NS/INC18003752/K1vbe2

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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