

# NATIONAL Assessment Centre Services

|                           |                                          |                       |         |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 2/4/2019         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CT119005835/K4 | SAS e-filing                             |                       |         |
| Veh No: PCS106R           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 1/4/2019           | 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:                                                    | 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                                                 |
|-----------|---------------------------------------------------------|
| 6/3/2020  | Cancel case. Double reference. Ref to NA/CT119005836/K4 |
|           |                                                         |
|           |                                                         |
|           |                                                         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)<br>1st Bill | Amt (\$)<br>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) RT: 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 dated                                   | Fee Charged          |                      |
| Cat. 2 / 3:                     | Invoice dated                                   | Fee Charged          |                      |