

ASS. REC. BY:

REF: CS/FCL17000808/ b

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): CWS Sthara of FCL Date/Time: 12.01.2017 5:27 pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SCL 9106X Insured: SHC 76218at Workshop m/s MOVA Tel: 6272 3892of Blk 1008 Bukit Merah Lane 3 # 01-04Policy No: _____ Claim No: NC-17000800

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07012017
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wpi'

H.O.D. Endorsement: _____

Date/Time: 12012017 5:34 pm Person Contacted: Vin Vehicle IN / OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-------------------------|---|
| | <u>SCL 9106X - X</u> |
| | <u>SHC 76218 - 16/FCL16015961/Klah302</u> <u>DAF 170816</u> |
| <u>07/12/17 5:11 pm</u> | <u>According to Annie Towner withdraw claim from the workshop: 16/10/17 @ 4:13 pm</u> |
| | <u>Email to Sthara Will close this file without billing</u> |
| | <u>5/1/18</u> |

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Thursday, 7 December, 2017 5:11 PM
To: 'Sithara'
Cc: assignments@lkkauto.com
Subject: RE: Our ref - NC-17000800 - D17000721MFSH

Dear Sithara,

We will close this file at our end without billing.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Sithara [<mailto:Sithara@first-insurance.com.sg>]
Sent: Thursday, 7 December, 2017 5:06 PM
To: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Cc: assignments@lkkauto.com
Subject: RE: Our ref - NC-17000800 - D17000721MFSH

Thanks – so the case is closed at your side?

Thanks and regards,

Sithara G S

Motor Claims

First Capital Insurance Limited

TEL: 6507 3848

FAX: 6507 3849

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.first-insurance.com.sg for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.

If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.

If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Catherine Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Thursday, December 7, 2017 5:04 PM
To: Sithara <Sithara@first-insurance.com.sg>
Cc: assignments@lkkauto.com
Subject: RE: Our ref - NC-17000800 - D17000721MFSH

Dear Sithara,

Confirmed with repairer owner withdraw claim from their workshop.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Sithara [<mailto:Sithara@first-insurance.com.sg>]

Sent: Thursday, 7 December, 2017 4:53 PM

To: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>

Cc: assignments@lkkauto.com

Subject: RE: Our ref - NC-17000800 - D17000721MFSH

Dear Catherine,

Kindly confirm the reason for no survey.

Thanks and regards,

Sithara G S

Motor Claims

First Capital Insurance Limited

TEL: 6507 3848

FAX: 6507 3849

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From: Catherine Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]

Sent: Thursday, December 7, 2017 4:53 PM

To: Sithara <Sithara@first-insurance.com.sg>

Cc: assignments@lkkauto.com

Subject: RE: Our ref - NC-17000800 - D17000721MFSH

Dear Sithara,

Thank you for your email.

Please be informed that no survey done for SCL 9106X at our side.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Sithara [<mailto:Sithara@first-insurance.com.sg>]

Sent: Thursday, 7 December, 2017 4:42 PM

To: 'assignments@lkkauto.com' <assignments@lkkauto.com>; SUR <sur@lkkauto.com>

Subject: Our ref - NC-17000800 - D17000721MFSH

Dear Sirs,

Please let us have the survey report.

Please note our ref as - D17000721MFSH

Thanks and regards,

Sithara G S
Motor Claims
First Capital Insurance Limited
TEL: 6507 3848
FAX: 6507 3849

Personal Data Protection Act 2012 ("PDPA"):

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If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: CWS Motor Claims

Sent: Thursday, January 12, 2017 5:27 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@first-insurance.com.sg>; Sithara <Sithara@first-insurance.com.sg>

Subject: PRI: SURVEY ASSESSMENT - NC-17000800/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

| | | | |
|--------------------|--|----------------------|-------------|
| Date | 11-01-2017 | Our Ref No. | NC-17000800 |
| Accident Date | 07-01-2017 | Claim Type. | Third Party |
| Insured Vehicle | SHC7621B | Third Party Vehicle. | SCL9106X |
| Survey Location | BLOCK 1008 BUKIT MERAH LANE 9 #01-04/06/08 | | |
| Contact Person. | VION LIM | | |
| Contact No. | 62723892/ 62723892 | Fax No. | 62721527 |
| Survey Type | WITHOUT PREJUDICE | | |
| Appointed Surveyor | LKK AUTO CONSULTANTS PTE LTP | | |
| Contact Person | NA | Fax No. | 68416315 |
| Contact Number. | NA | | |

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

| | | | |
|-------------------|-------------------------|----------------------|-----|
| Cc : Workshop | MOVA AUTOMOTIVE PTE LTD | Attention. | NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. | NA |
| Officer Incharge | SITHARA | | |

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/8652)



PRI Documents



Close



PRI Header Details

| | | | | | |
|-------------------|--|-----------------------------------|---|----------------------|--------|
| Claim No | NC-17000800 | Policy No | D-17086801MFSH | Claimant S.No & Name | 1 & MC |
| Workshop Name | MOVA AUTOMOTIVE PTE LTD (Contact Person : VION LIM) | Survey Location & Contact Details | BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06 Mobile: 62723892 , Phone: 62723892 , Fax: EmailId: VION@MOVA.COM.SG | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE | | |
| Insured Name | CITYCAB PTE LTD | Insured Vehicle No | SHC7621B | TP Vehicle No | SCL910 |
| PRI Recieved Date | 12-01-2017 07:24:06 PM | Surveyor Appointed Date | 12-01-2017 05:27:00 PM | Surveyor Accept Date | 12-01- |

Survey Report Upload

| | | | | | |
|-----------------------------|----------------------|----------------------|------------|-------------------------|----------------------|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 12-01-2017 | Upload Survey Report *: | <input type="text"/> |
|-----------------------------|----------------------|----------------------|------------|-------------------------|----------------------|

Vehicle Particulars

| | | | | | |
|-----------|---|----------------|--|---------|-------------------------------------|
| Make | <input type="text" value="Please Select Make"/> | Model | <input type="text" value="Please Select Model"/> | Year | <input type="text" value="Select"/> |
| Chasis No | <input type="text"/> | Engine No | <input type="text"/> | Mileage | <input type="text"/> |
| Color | <input type="text"/> | Cubic Capacity | <input type="text"/> | | |

Multiple Documents Upload

Upload Multiple Documents

| File Name | Action |
|-----------|--------|
|-----------|--------|

Surveyor Job Remarks