ASS. REC. BY: | REF: CS/FCL17012065 / b | Special Instructions:

Surveyor:

ASSIGNMENT (Office)

From (Person): CWS Lurong Jeau of FCL Date/Time: 21062017 2.06pm

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: EV 9800Z Insured: SHA 9700D

at Workshop m/s S & H motor Tel: 6453 4730

of 160 Sin Ming Drive #07-02

Policy No: Claim No: D17006160MTSH

Sum Insured: Excess:

Make of Veh: D.O.A. 17062017
(Client's Record)

CA / REV / REP. / REV 24 HRS / WP/ H.O.D. Endorsement:

Date/Time: 21062017 2.08pm Person Contacted: Cynthia Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	EV 9800Z - x
	SHA 9700D - CS/FCL16021567 / TWbm2 DOA: 10.11.16
5.46pm @ 16/10/17	According to Doris, TP owner withdraw claim
17.10.17 6.03pm	Email to FCL

6/3/18

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Thursday, 7 December, 2017 6:03 PM
To: 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: RE: SURVEY ASSESSMENT - D17006160MFSH/1

Dear Sir / Madam,

Please be informed that according to the repairer, TP owner would like to withdraw claim.

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: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 21 June, 2017 2:10 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D17006160MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

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: Claim Workflow System [mailto:cwsmotorclaims@first-insurance.com.sg]
Sent: Wednesday, 21 June, 2017 2:06 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17006160MFSH/1

Dear Sir/Mdm,

First Capital Insurance Limited

A FAIRPAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	20-06-2017	**Our Ref No.**	D17006160MFSH
Accident Date	17-06-2017	**Claim Type.**	Third Party
Insured Vehicle	SHA9700D	**Third Party Vehicle.**	EV9800Z
Survey Location	160 SIN MING DRIVE #07-02 SIN MING AUTOCITY		
Contact Person.	CYNTHIA		
Contact No.	64534730/ 0	**Fax No.**	64571931
Survey Type	WITHOUT PREJUDICE:		
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD		
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	S & H MOTOR PTE LTD	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	LURENE		

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/224388) PRI Documents Close

PRI Header Details

Claim No	D17006160MFSH	**Policy No**	D-15O72702MFSH	**Claimant S.No & Name**	1 & S&
Workshop Name	S & H MOTOR PTE LTD (Contact Person : CYNTHIA)	**Survey Location & Contact Details**	160 SIN MING DRIVE #07-02 SIN MING AUTO **Mobile:** 0 , **Phone:** 64534730 , **Fax:** 6457193 **EmailId:** ENQUIRY@SH-MOTOR.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHA9700D	**TP Vehicle No**	EV980(
PRI Recieved Date	21-06-2017 02:31:33 PM	**Surveyor Appointed Date**	21-06-2017 02:06:22 PM	**Surveyor Accept Date**	21-06-

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	21-06-2017	**Upload Survey Report *:**	

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks