

ASS. REC. BY:

REF: CS/F(17013627 / Dvb

Special Instruction:

Surveyor: Angela

ASSIGNMENT (Office)

From (Person): CWS Joanne Yung of FCI Date/Time: 13/07/07 5:43pm

Estimated Cost: _____ Bill to: _____

OD / ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MV / CSTo inspect Vehicle No: SJN 17087 Insured: SHA 7727Rat Workshop n/s Teamwork Tel: 6844 2475of 55 Ubi Ave 1 # 01-211Policy No: _____ Claim No: D17006840MFSH

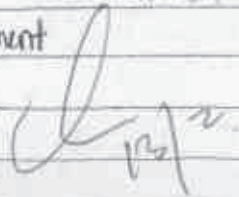
Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08/07/07
(Client's Record)CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement: _____

Date/Time: 13/07/07 5:53pm Person Contacted: Gms Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SJN 17087 - NA / CT17013342 / H4</u> DIA: <u>08/07/07</u>
	<u>SHA 7727R - CS / CT17013340 / K143</u> DIA: <u>08/07/07</u>
<u>06/01/08 10:21am</u>	<u>Received email from Teo Swee Keng cancel assignment</u>



Catherine Chong (LKK Auto)

From: Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>
Sent: Tuesday, 6 February, 2018 10:21 AM
To: 'assignments@lkkauto.com'
Cc: Joanne Yong Lai fong
Subject: OUR REF: D17006840MFSH ACCIDENT INVOLVING SJN1708T AND SHA7727R ON 08.07.17

Importance: High

Dear Sir

We refer to your email earlier.

Please cancel survey assignment without any billing to us.
Thank you.

Thanks and Regards,

SK Teo
Motor Claims Dept

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 |

A Member of **MS&AD INSURANCE GROUP**

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Under the PDPA, there are various requirements that regulate the processing of your personal data.

Please refer to www.msfirstcapital.com.sg for details of PDPA Personal Data Collection Statement.

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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: Teamwork Garage Pte Ltd [mailto:claims@teamworkgarage.com]
Sent: Monday, February 05, 2018 10:01 AM
To: Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; assignments@lkkauto.com
Subject: OUR REF: 1707-18 YOUR REF: SHA7727R ACCIDENT INVOLVING SJN1708T AND SHA7727R ON 08.07.17
Importance: High

Without Prejudice

Our ref: 1707-18
Your ref: SHA7727R

Dear Sir/Mdm,

We refer to the above matter.

We have closed and discharged the case.

As such, please note that Pre-repair inspection was not done due to no estimate given to your surveyor and no repair job has been done to the said vehicle at our end.

Therefore, we will not be liable for any cost and issues arises with regards on the said matter.

We are closing our case herein.

Disclaimer: We're only informing you that we has discharged from the matter. However, our client still reserve their rights to proceed the claim against your insured with assistance from other workshop.

Thank you.

Regards,

Alison
Teamwork Garage Pte Ltd
Blk 53 Ubi Avenue 1
#01-24
Paya Ubi Industrial Park
Singapore 408934
Tel: 6844 2475
Fax:6844 2474

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	11-07-2017	Our Ref No. D17006840MFSH
Accident Date	08-07-2017	Claim Type. Third Party
Insured Vehicle	SHA7727R	Third Party Vehicle. SJN1708T
Survey Location	BLK 53 UBI AVE 1 #01-24 PAYA UBI INDUSTRIAL PARK	
Contact Person.	DARREN NG	
Contact No.	68442475/ 0	Fax No. 68442474
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	TEAMWORK GARAGE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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/225596)



PRI Documents



Close



PRI Header Details

Claim No	D17006840MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & TE
Workshop Name	TEAMWORK GARAGE PTE LTD (Contact Person : DARREN NG)	Survey Location & Contact Details	BLK 53 UBI AVE 1 #01-24 PAYA UBI INDUSTRIAL Mobile: 0 , Phone: 68442475 , Fax: 6844247 EmailId: CLAIMS@TEAMWORKGARAGE.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA7727R	TP Vehicle No	SJN170
PRI Recieved Date	13-07-2017 06:14:14 PM	Surveyor Appointed Date	13-07-2017 05:43:20 PM	Surveyor Accept Date	13-07-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	13-07-2017	Upload Survey Report *:	
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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