

ASS. REC. BY:

REF:

CS/FCL17015682/ b

Special Instruction:

SWIVOT

## ASSIGNMENT (Office)

From (Person):

W3 Sthm

of

FCL

Date/Time:

10/08/2017 6:42pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLG 58625

Insured:

SHC 7021H

at Workshop m/s

Cycl &amp; Carriage Automotive

Tel:

6568 4555

of

209 Paridam Garden

Policy No:

Claim No:

D17007743MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06/08/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS wpt

H.O.D. Endorsement:

Date/Time:

14/08/2017

536pm

Person Contacted:

Andre

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLG 58625 - x

SHC 7021H - x

12/08/2017 3:48pm

Email to FCL will temporary close file

## Catherine Chong (LKK Auto)

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**From:** Catherine Chong (LKK Auto) <admin-d@lkkauto.com>  
**Sent:** Saturday, 12 May, 2018 3:48 PM  
**To:** 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** SITHARA@FIRST-INSURANCE.COM.SG  
**Subject:** RE: SURVEY ASSESSMENT - D17007743MFSH/1

Dear Sir / Madam,

Please be informed that we are unable to conduct the inspection after some attempts to inform the workshop to present the vehicle.

This case has been pending for a long time due to the unavailability of the owner, therefore we decided to temporarily close this case.

Kindly advise us if there is any arrangement made and will be glad to re-open the case accordingly.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto: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](mailto:cwsmotorclaims@first-insurance.com.sg)]  
**Sent:** Thursday, 10 August, 2017 6:42 PM  
**To:** ASSIGNMENTS@LKKAUTO.COM  
**Cc:** CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SITHARA@FIRST-INSURANCE.COM.SG  
**Subject:** PRI: SURVEY ASSESSMENT - D17007743MFSH/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. M2-0001678-9

## MOTOR SURVEY ASSIGNMENT

Date	10-08-2017	Our Ref No. D17007743MFSH
Accident Date	06-08-2017	Claim Type. Third Party
Insured Vehicle	SHC7021H	Third Party Vehicle. SLG5862S
Survey Location	209 PANDAN GARDENS	
Contact Person.	ANDRE	
Contact No.	65684555/ 65684555	Fax No. 65691056
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	CYCLE & CARRIAGE 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/226729)



PRI Documents



Close



## PRI Header Details

Claim No	D17007743MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & CY AUTOM
Workshop Name	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD (Contact Person : ANDRE)	Survey Location & Contact Details	209 PANDAN GARDENS Mobile: 65684555 , Phone: 65684555 , Fax: EmailId: ANDRE.CHOW@CYCLECARRIAGE.CO		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7021H	TP Vehicle No	SLG580
PRI Recieved Date	10-08-2017 05:56:20 PM	Surveyor Appointed Date	10-08-2017 06:42:19 PM	Surveyor Accept Date	14-08-

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	14-08-2017	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