ASS. REC. BY: | REF: CO/FCI/T015990/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Sithira of FCI Date/Time: 18/8/2017

Estimated Cost: Bill to:

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

To Inspect Vehicle No: QJZ 750M Insured: SHC942X

At Workshop m/s Specialist Motor Tel: 6747242

of Blk 3018A Ubi Rd 1 #01-24

Policy No: Claim No: D1700801TMFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 16/8/2017

(Client's Record)

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

Date/Time Person Contacted: Vehicle IN/OUT

Date/Time	Action/Instruction ( ) Estimate
	SJZ 750M-X
	SHC942X-X.
6/1/2020	Double reference. Case closed. 6/1/2020.
	Refer to CO/FCI/TOPTAR/Ubin2

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	17-08-2017	**Our Ref No.**	D17008017MFSH
Accident Date	16-08-2017	**Claim Type.**	Third Party
Insured Vehicle	SHC0942X	**Third Party Vehicle.**	SJZ750M
Survey Location	BLK 3018A UBI ROAD 1 #01-24-26		
Contact Person.	IRENE TING		
Contact No.	67472112/ 67472112	**Fax No.**	00
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:		
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	SPECIALISTS MOTOR 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.