ASS REC BY: | REF: CS/FCI17019422/ b | Special Instruction:

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): Lurene Jaw of FCI Date/Time: 9/10/17 @ 8.29pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJD 9239E Insured: SHC 7178P

at Workshop m/s: Wei Lee Motor Tel: 64569830

of Blk 9 Sin Ming Industrial Estate # 01-32

Policy No: Claim No: D17009517 MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 12/09/2017

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

Date/Time: 10/10/17 @ 10.30am Person Contacted: Karen R.O.D. Endorsement: Vehicle: IN / OUT

Date/Time	Action/Instruction (✓ Estimate
	SJD 9239E - CS/AXA1602 3545 / Kvbs2 - D.O.A: 8/12/2016
	SHC 7178P - CC3/FE7140116 26 / Kvm3u2 - D.O.A: 19/3/2014
120518 4.41pm	Email to FCI will temporary close this file

N/A

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Saturday, 12 May, 2018 4:14 PM
To: 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: RE: SURVEY ASSESSMENT - D17009517MFSH/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 | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 10 October, 2017 10:34 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; 'SUR' <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17009517MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

Best Regards,
G.Nivitha | Admin
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | 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: Monday, 9 October, 2017 6:29 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17009517MFSH/1

Dear Sir/Mdm,

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	09-10-2017	**Our Ref No.**	D17009517MFSH
Accident Date	12-09-2017	**Claim Type.**	Third Party
Insured Vehicle	SHC7178P	**Third Party Vehicle.**	SJD9239E
Survey Location	BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32		
Contact Person.	KAREN SEAH		
Contact No.	64569830/ 0	**Fax No.**	64580128
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	WEI LEE MOTOR WORKS	**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/228887) PRI Documents Close

PRI Header Details

Claim No	D17009517MFSH	**Policy No**	D-15O72702MFSH	**Claimant S.No & Name**	1 & WEI LEE M
Workshop Name	WEI LEE MOTOR WORKS (Contact Person : KAREN SEAH)	**Survey Location & Contact Details**	BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 **Mobile:** 0 , **Phone:** 64569830 , **Fax:** 64580128 **EmailId:** WEILEEMOTORWORKS@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHC7178P	**TP Vehicle No**	SJD9239E
PRI Recieved Date	09-10-2017 06:35:29 PM	**Surveyor Appointed Date**	09-10-2017 06:28:45 PM	**Surveyor Accept Date**	10-10-2017 1

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	10-10-2017	**Upload Survey Report *:**	Choose File

Vehicle Particulars

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

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks		Save