

REF CS/FCI17019685 / b

Subject: ASSIGNMENT (Office)  
From/Person: CWS May chua of FCI Date/Time: 12/10/17 @ 5:52pm

Estimated Cost: \_\_\_\_\_ Diff %: \_\_\_\_\_

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

To Inspect Vehicle No: SLH 8455 J Insured: SH 8310K

at Workshop no: Kah Motor Tel: 90721769

of: 255 Alexandra Road

Policy No: \_\_\_\_\_ Claim No: D17009659 MFS H

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ DOA: 07/10/17  
(Client's Record)

CA / REV / REP. / REV 24 HRS: 'up' H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 13/10/17 @ 9:44am Person Contacted: Mr. Ng Vehicle IN: OUT

Date/Time: \_\_\_\_\_ Action/Instruction: (✓) Estimate

SLH 8455 J - NBA\*\* / LIP17003516 / Y-D-O-A: 19/02/2017

SH 8310K - X

120518 4:10pm Email to FCI temporary close this file

6/8

## **Catherine Chong (LKK Auto)**

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**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:** MAYCHUA@FIRST-INSURANCE.COM.SG  
**Subject:** RE: SURVEY ASSESSMENT - D17009659MFSH/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)

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**From:** Nivitha (LKK Auto) [<mailto:admin-d@lkkauto.com>]  
**Sent:** Friday, 13 October, 2017 9:17 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** MAYCHUA@FIRST-INSURANCE.COM.SG; 'SUR' <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D17009659MFSH/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](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>]  
**Sent:** Thursday, 12 October, 2017 5:52 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [MAYCHUA@FIRST-INSURANCE.COM.SG](mailto:MAYCHUA@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17009659MFSH/1

Dear Sir/Mdm,

# First Capital Insurance Limited

A FAIRFAX Company

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

## MOTOR SURVEY ASSIGNMENT

<b>Date</b>	12-10-2017	<b>Our Ref No.</b> D17009659MFSH
<b>Accident Date</b>	07-10-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SH8310K	<b>Third Party Vehicle.</b> SLH8455J
<b>Survey Location</b>	255 ALEXANDRA ROAD	
<b>Contact Person.</b>	NG SIN HAI	
<b>Contact No.</b>	64715419/ 90721769	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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

<b>Cc : Workshop</b>	KAH MOTOR CO SDN BHD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	MAY CHUA	

## 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/229058)

PRI Documents

Close



## PRI Header Details

<b>Claim No</b>	D17009659MFSH	<b>Policy No</b>	D-15072701MFSH	<b>Claimant S.No &amp; Name</b>	1 & KAH MOTC
<b>Workshop Name</b>	KAH MOTOR CO SDN BHD (Contact Person : NG SIN HAI)	<b>Survey Location &amp; Contact Details</b>	255 ALEXANDRA ROAD <b>Mobile:</b> 90721769 , <b>Phone:</b> 64715419 , <b>Fax:</b> 0 <b>EmailId:</b> SHNG@KAHMOTOR.ONMICROSOFT.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE:		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SH8310K	<b>TP Vehicle No</b>	SLH8455J
<b>PRI Recieved Date</b>	12-10-2017 04:11:39 PM	<b>Surveyor Appointed Date</b>	12-10-2017 05:52:05 PM	<b>Surveyor Accept Date</b>	13-10-2017 1

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	13-10-2017	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

<b>Make</b>	<input type="text" value="Please Select Make"/>	<b>Model</b>	<input type="text" value="Please Select Model"/>	<b>Year</b>	<input type="text" value="Select Year"/>
<b>Chasis No</b>	<input type="text"/>	<b>Engine No</b>	<input type="text"/>	<b>Mileage</b>	<input type="text"/>
<b>Color</b>	<input type="text"/>	<b>Cubic Capacity</b>	<input type="text"/>		

## Multiple Documents Upload

Upload Multiple Documents

File Name

Action

## Surveyor Job Remarks

<b>Remarks</b>	<input type="text"/>	<input type="button" value="Save"/>
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