23/03/2005

ASS. REC. BY: | REF: CS/FC17022871 / fb | Special Instruction:

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): Lurene Jaw of FCI Date/Time: 30/11/17 @ 6:05pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKB 7890K Insured: SHA 8610L

at Workshop m/s Performance Tel: 63190174

of 303 Alexandra Road

Policy No: Claim No: D17011098MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 29/11/2017

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

Date/Time: 9:01 am @ 1/12/17 Person Contacted: Caroline Vehicle IN / OUT

Date/Time	Action/Instruction
	(✓) Estimate
	SKB7890K-X
	SHA8610L-NH/AIG160190015/h+-D.O.A: 17/04/2016
16.11.18 @ 11:31am	- Email to FCI temporary close file Celine 31/1/19

Catherine Chong (LKK Auto)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Friday, 16 November, 2018 11:31 AM
To: 'Claim Workflow System'; assignments
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: RE: SURVEY ASSESSMENT - D17011098MFSH/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: Friday, 1 December, 2017 2:17 PM
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 - D17011098MFSH/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: Thursday, 30 November, 2017 6:04 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011098MFSH/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	30-11-2017	**Our Ref No.**	D17011098MFSH
Accident Date	29-11-2017	**Claim Type.**	Third Party
Insured Vehicle	SHA8610L	**Third Party Vehicle.**	SKB7890K
Survey Location	303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE		
Contact Person.	CAROLINE		
Contact No.	63190174/ 0	**Fax No.**	64794601
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	PERFORMANCE MOTORS LIMITED	**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/231275) PRI Documents Close

PRI Header Details

Claim No	D17011098MFSH	**Policy No**	D-15O72702MFSH	**Claimant S.No & Name**	1 & PERFORM/
Workshop Name	PERFORMANCE MOTORS LIMITED (Contact Person : CAROLINE)	**Survey Location & Contact Details**	303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CE **Mobile:** 0 , **Phone:** 63190174 , **Fax:** 64794601 **EmailId:** PML-PBSP@SIMEDARBY.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHA8610L	**TP Vehicle No**	SKB7890K
PRI Recieved Date	30-11-2017 04:30:43 PM	**Surveyor Appointed Date**	30-11-2017 06:04:10 PM	**Surveyor Accept Date**	01-12-2017 0

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	01-12-2017	**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