

2000000

ASS. REC. BY:

REF: CS3/FCI17024389/ d3

Special Instruction:

SUN 9/01

ASSIGNMENT (Office)

from (Person): JOHNNIE YONG

of FCI

Date/Time: 22/12/2017 @ 6:20pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJJ 6887 Y

Insured: SHC8607L

at Workshop m/s Rcyo/ Carz Garage Pte Ltd

Tel: 67466281 / 9740 6855

of Blk 10 AMK, Ind Park 2A #02-18

Policy No:

Claim No: D17011297MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record):

D.O.A. 13102017

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time 9:20am @ 26/12/17

Person Contacted: Gavin Tan

Vehicle-IN/OUT

Date/Time	Action/Instruction (X) Estimate	
	SJJ6887Y-X	10/1/18-vehicle still not in
	SHC8607L-CC3/CTI17011458/H1ub302	20/1/18-VNI
13/8/18-	called gavin vehicle still not in yet.	D.O.A: 8/06/2017
22/8/18-	VNI yet (he will get back to us (Gavin))	24/9/18 - Vehicle not in yet.
27/8/18-	vehicle still not in yet.	1/10/18- VNI yet
4/9/18-	VNI yet (pending owner reply)	14/11/18- vehicle still not in.
		temporary close file. <i>Celal</i>
		Revised through email.

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	07-12-2017	Our Ref No. D17011297MFSH
Accident Date	13-10-2017	Claim Type. Third Party
Insured Vehicle	SHC8607L	Third Party Vehicle. SJJ6887Y
Survey Location	Block 10 Ang Mo Kio Ind Park 2A #02-18 AMK Auto Point	
Contact Person.	MR GAVIN TAN	
Contact No.	67466281/ 97406855	Fax No. 0
Survey Type	WITHOUT PREJUDICE: NO EST. *	
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	REVOL CARZ GARAGE PTE LTD	Attention. NIL
Cc : TP Solicitor	CROSSBORDERS LLC	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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.

Nivitha (LKK Auto)

From: Nivitha (LKK Auto) <admin-d@lkkauto.com>
Sent: Wednesday, 14 November 2018 12:57 PM
To: 'Claim Workflow System'; 'ASSIGNMENTS@LKKAUTO.COM'
Cc: 'JOANNEYONG@FIRST-INSURANCE.COM.SG'; 'SUR'
Subject: RE: SURVEY ASSESSMENT - D17011297MFSH/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,

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: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 26 December 2017 5:25 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG; 'SUR' <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011297MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

"Wishes you a Merry Christmas & Happy New Year 2018"

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: Friday, 22 December, 2017 6:20 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; JOANNEYONG@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011297MFSH/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.