ASS. REC. BY: | REF: CS/FCI/18009822 | d3 | Special Instructions:

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): Jurene Ler of FCI Date/Time: 30/5/18 @ 5:43pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SCX 9218T Insured: SHC 3639C

at Workshop m/s: Shu Fatt Auto Tel: 62730119

of: Blk 1009 # 01-90 Bkt merah Lane 3

Policy No: Claim No: D18004ZA0MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 25/05/2018

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

Date/Time: 10.29am @ 31/5/18 Person Contacted: julia Vehicle: IN / OUT

Date/Time	Action/Instruction (~) Estimate	
	SCX 9218T - CC3 / MSG1601007I / R1gbd1	DOA: 30/5/16
	SHC3639C - CC3 / JCR1700961B / H1pa3g2	DOA: 14/5/2017
13/8/18 -	called julia TP owner change to another wksp.	
15/8	Email to FCI TP owner has change workshop. Celine 4/9/18	

Nivitha (LKK Auto)

From: Nivitha (LKK Auto) <admin-d@lkkauto.com>
Sent: Wednesday, 15 August 2018 11:23 AM
To: 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; 'SUR'
Subject: RE: SURVEY ASSESSMENT - D18004240MFSH/1

Dear Sir/Mdm,

Please be informed according to the repairer, TP owner has change to another workshop.

We will close this file at our end without billing.

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: Thursday, 31 May 2018 10:30 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; 'SUR' <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18004240MFSH/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@msfirstcapital.com.sg]
Sent: Wednesday, 30 May 2018 5:43 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18004240MFSH/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

Nivitha (LKK Auto)

From: Nivitha (LKK Auto) <admin-d@lkkauto.com>
Sent: Thursday, 31 May 2018 10:30 AM
To: 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; 'SUR'
Subject: RE: SURVEY ASSESSMENT - D18004240MFSH/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@msfirstcapital.com.sg]
Sent: Wednesday, 30 May 2018 5:43 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18004240MFSH/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
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

MS FirstCapital

MS First Capital Insurance Limited Co.Reg No. 199000109C GST Reg No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	28-05-2018	**Our Ref No.**	D18004240MFSH
Accident Date	25-05-2018	**Claim Type.**	Third Party
Insured Vehicle	SHC3639C	**Third Party Vehicle.**	SCX9218T
Survey Location	BLK 1009 #01-90 BUKIT MERAH LANE 3		
Contact Person.	JULIA WONG		
Contact No.	62730119/ 0	**Fax No.**	0
Survey Type	WITHOUT PREJUDICE: NO EST. COR PROVIDED		
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	SHU FATT AUTO WORKS	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	SERENE		

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.