ASS. REP. BY: | REF: CS/FCI 18/10817/ d3 | Special Instructions:

Surveyor: CWS

**ASSIGNMENT (Office)**

From (Person): Joanne Yong of FCI Date/Time: 13/6/18 @ 3.38pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKH 8860J Insured: SHA 3787T

at Workshop m/s: 1st Autoworks Tel: 68441985

of: 23 Keki Bukit Ave 1 # 04-01

Policy No: Claim No: D18004634MFSH

Sum Insured: Excess:

Make of Veh: D.O.A: 08/06/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time: 4:31pm @ 13/6/18 Person Contacted: Suhaimi Vehicle IN / OUT

| Date/Time | Action/Instruction (✓) Estimate | |
|---|---|---|
| | SKH 8860J - CS3/AXA1300854 3/Kvk3-1 | DOA: 8/5/13 |
| | SHA 3787T - NSI INC/2015675/Hlvk3 | DOA: 10/08/2012 |
| 20062018 | Received email from Suhaimi, owner would like to withdraw claim. | |
| 20072018 1257pm | Email to FCI we will close this file without billing | 7/9/18 |
| | | |
| | | |

## Catherine Chong (LKK Auto)

**From:** Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
**Sent:** Saturday, 28 July, 2018 12:58 PM
**To:** 'Claim Workflow System'
**Cc:** 'JOANNEYONG@MSFIRSTCAPITAL.COM.SG'; 'assignments'
**Subject:** RE: SURVEY ASSESSMENT - D18004634MFSH/1
**Attachments:** FW: SURVEYOR APPOINTED; OUR REF : D18004634MFSH ; YOUR REF: SKH8860J

Dear Sir / Madam,

Kindly refer to the attached email dated 25.06.2018.

We will close this file at our end without billing.

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)

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**From:** Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
**Sent:** Wednesday, 13 June, 2018 4:50 PM
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
**Cc:** JOANNEYONG@MSFIRSTCAPITAL.COM.SG; "SUR" <sur@lkkauto.com>
**Subject:** RE: SURVEY ASSESSMENT - D18004634MFSH/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, 13 June 2018 3:37 PM
**To:** ASSIGNMENTS@LKKAUTO.COM
**Cc:** CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
**Subject:** PRI: SURVEY ASSESSMENT - D18004634MFSH/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

## Catherine Chong (LKK Auto)

**From:** Shu Pei (LKKAuto) <shupei@lkkauto.com>
**Sent:** Monday, 25 June, 2018 6:26 PM
**To:** Admin-D (LKKAuto)
**Subject:** FW: SURVEYOR APPOINTED; OUR REF : D18004634MFSH ; YOUR REF: SKH8860J

Best Regards,

**Shu Pei**| Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366-0055 | email: shupei@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Suhaimi [mailto:suhaimi@firstautoworks.com.sg]
**Sent:** Monday, 25 June 2018 5:31 PM
**To:** CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG
**Cc:** Joanneyong@msfirstcapital.com.sg; Admin A <admin-a@lkkauto.com>
**Subject:** re: SURVEYOR APPOINTED; OUR REF : D18004634MFSH ; YOUR REF: SKH8860J

Dear All,
Please take note that our client wishes to withdraw this accident case.

Thanks & Regards

Suhaimi Ong
Service Executive
1st Autoworks Pte Ltd
23 Kaki Bukit Ave 4,
#04-01 (South Wing)
S'pore 415933
Tel : 6844 1985
Fax : 6844 5185

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**From:** "Claim Workflow System" <cwsmotorclaims@msfirstcapital.com.sg>
**Sent:** Wednesday, 13 June, 2018 3:40 PM
**To:** SUHAIMI@FIRSTAUTOWORKS.COM.SG
**Cc:** CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG, JOANNEYONG@MSFIRSTCAPITAL.COM.SG
**Subject:** SURVEYOR APPOINTED; OUR REF : D18004634MFSH ; YOUR REF: SKH8860J

Dear Sir/Madam

PRI Request For **SKH8860J** Accident Involving **SHA3787T** On 08-06-2018 AT 17:15:00HRS.

Please find below details for your reference

- **Claim number :** D18004634MFSH
- **Insured vehicle number :** SHA3787T
- **Accident date :** 08-06-2018
- **Third-party vehicle number :** SKH8860J
- **Assignment type :** WITHOUT PREJUDICE

MS FirstCapital

MS First Capital Insurance Limited Co.Reg.No. 199601019C GST Reg.No. M2-0002676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3542
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** | 11-[illegible]-2018 | **Our Ref No.** | D18004634MFSH |
| **Accident Date** | 08-[illegible]-2018 | **Claim Type.** | Third Party |
| **Insured Vehicle** | SH[illegible]787T | **Third Party Vehicle.** | SKH8860J |
| **Survey Location** | 23 [illegible]AKI BUKIT AVE 4 #04-01 (SOUTH WING) | | |
| **Contact Person.** | [illegible]MI ONG | | |
| **Contact No.** | 6841985/ 0 | **Fax No.** | 68445185 |
| **Survey Type** | WI[illegible]OUT PREJUDICE: | | |
| **Appointed Surveyor** | [illegible]AUTO CONSULTANTS PTE LTD | | |
| **Contact Person** | [illegible] | **Fax No.** | 68416315 |
| **Contact Number.** | [illegible] | | |

### 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** | [illegible]AUTOWORKS PTE | **Attention.** | NIL |
| **Cc : TP Solicitor** | [illegible] | **TP Solicitor Fax No.** | NA |
| **Officer Incharge** | [illegible]NEY | | |

### 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/241318) PRI Documents Close

**PRI Header Details**

| | | | | | |
|---|---|---|---|---|---|
| **Claim No** | D18004634MFSH | **Policy No** | D-18088936MFSH | **Claimant S.No & Name** | 1 & 1ST AUTC |
| **Workshop Name** | 1ST AUTOWORKS PTE LTD (Contact Person : SUHAIMI ONG ) | **Survey Location & Contact Details** | 23 KAKI BUKIT AVE 4 #04-01 (SOUTH WING) **Mobile:** 0 , **Phone:** 68441985 , **Fax:** 68445185 **EmailId:** SUHAIMI@FIRSTAUTOWORKS.COM.SG | | |
| **Our Surveyor** | LKK AUTO CONSULTANTS PTE LTD | **Instructions To Surveyor** | WITHOUT PREJUDICE: | | |
| **Insured Name** | COMFORT TRANSPORTATION PTE LTD | **Insured Vehicle No** | SHA3787T | **TP Vehicle No** | SKH8860J |
| **PRI Recieved Date** | 12-06-2018 08:49:32 PM | **Surveyor Appointed Date** | 13-06-2018 03:37:16 PM | **Surveyor Accept Date** | 13-06-2018 0 |

**Survey Report Upload**

| | | | | | |
|---|---|---|---|---|---|
| **Surveyor Inspection Date *:** | | **Surveyor Report Date** | 13-06-2018 | **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 |