ASS. REC. BY: | REF: CI/FCI/18011332/NC | Special Instructions:

Surveyor:

ASSIGNMENT (Office)

From (Person): Sithara of: FCI Date/Time: 18/6/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 592Y Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: D18004775MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 17/6/2018
(Client's Record)

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

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SHC 592Y - X.

Sunil

FW: Our ref: D18004775MFSH SHC 592 Y

Admin-D (LKKAuto)

Wed 20/6/2018 6:29 PM

To: Naz (LKKAuto) <Naz@lkkauto.com>;

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: Bryan Ang (LKKAuto) [mailto:bryanang@lkkauto.com]
Sent: Monday, 18 June, 2018 3:05 PM
To: Sithara <Sithara@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: Our ref: D18004775MFSH

Dear Assignment Team

Please check whether vehicle is at Loyang.

To assign case to our Naz.

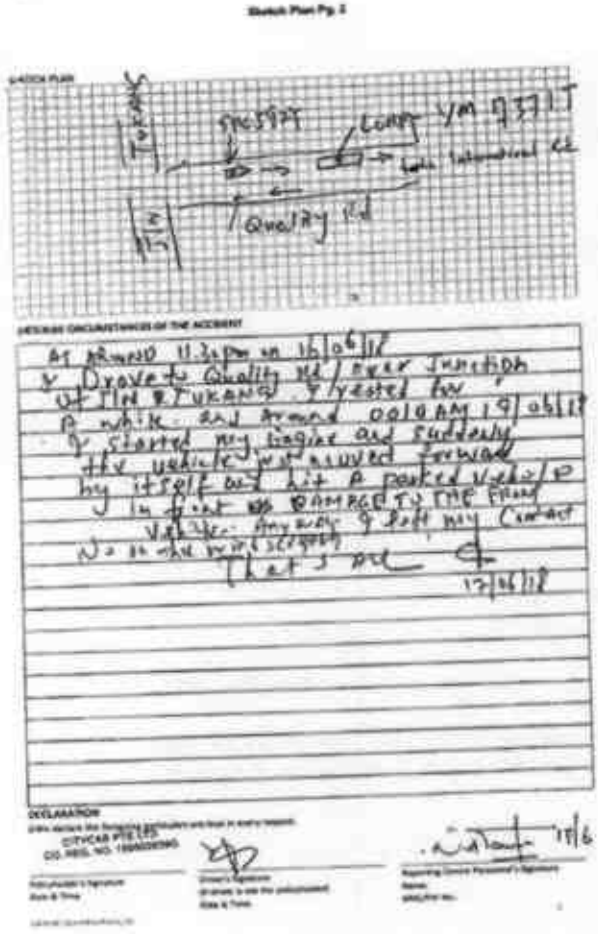
Best Regards,
Bryan Ang
LKK Auto Consultants Pte Ltd
phone: 6256-3561 | email: bryanang@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Sithara [mailto:Sithara@msfirstcapital.com.sg]
Sent: Monday, 18 June 2018 2:48 PM
To: assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: Bryan Ang (LKKAuto) <bryanang@lkkauto.com>
Subject: Our ref: D18004775MFSH

Dear Sirs,

Please find attached our insured's report. Please assist to investigate into this matter for us with respect to the vehicle maintenance & any mechanical fault.

	ACCIDENT STATEMENT
Date Of Report	[redacted]
Date Of Accident	[redacted]
Exact Location Of Accident	QUALITY INTERNATIONAL RD NEAR JLN TUKANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC592Y
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	[redacted]
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-6558788
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA 2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-[redacted]
Cover Note Number	
Driver	
Name of Driver	ONG KUN HOO



Thanks and regards,

Sithara G S
Motor Claims

Change of email address
Sithara@msfirstcapital.com.sg

MS First Capital Insurance Ltd | 36 Robinson Rd #16-01 City House Singapore 068877 | TEL : 6507 3848 | Fax No. : 6507 3849 | Company Regn. No. 195000106C
A Member of MS&AD INSURANCE GROUP