

Z/13/2002

ASS. REC. BY:

REF:

CS/FCI 1900 8673/Uqd3/172

Special Instruction:

Surveyor: Murus

ASSIGNMENT (Office)

From (Person):

Henry Kao

of

FCI

Date/Time:

15/5/2019 5:27pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLT 1756Z

Insured:

SHA 86608

at Workshop m/s

Falcon Air

Tel:

67897997

of

Blk 9006 Tampines St. 93 #01-200

Policy No:

Claim No:

D19003180MP84

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28/12/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

16/5/190

Person Contacted:

JeremiahVehicle IN/OUT

Date/Time

Action/Instruction

IsimoldSLT 1756Z xSHA 86608 x05/9/19 @ 10.51am verified to Henry Kao by email.

(08/11/13) wef

REF:

ASS. REC. BY: Marcus

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SL717567
 at Workshop m/s Felcon
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: £ 85

IDAC Accident Rpt: _____ Consistent? : Yes or No

QIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

L71A54061

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SL717567 Yr Regn: 10/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (A)
 Make: Toyota wish C.C. 1798
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 33263 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDG620W 40J008042
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R: _____

BS / DUN / EXNOVA / BY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 28/12/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

6/9/19 Confirmed final £ 1198.82 with Jeremiah
used £ 336.98, W.I.C.

RECEIVED 06 SEP 2019

Date/Time, File Pass to?

☐

: Preli. Report

1) 06/9/19 turner☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Format: TPLump Sum / I.B.I.: (\$ 1198.82)

TOTAL

100
50
50
41
241



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19003180MFSH

Date: 05 September 2019

Our Ref: CS/FCI19008673/Uqd3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

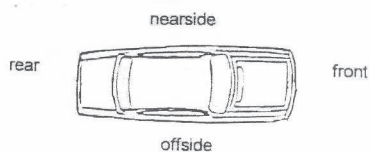
INITIAL INSPECTION REPORT OF VEHICLE NO. SLT 1756Z .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 02/09/2019 at the premises of M/s FALCON-AIR, and have the following to report:-

Workshop Estimate Amount	: S\$ 1,535.80 .
Revised Estimate Amount	: S\$ 1,198.83 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages
at the o/s front portion.



Yours faithfully

CHUA KANG SENG
Licensed Appraiser

MOTOR SURVEY ASSIGNMENT

Date	14-05-2019	Our Ref No. D19003180MFSH
Accident Date	28-12-2018	Claim Type. Third Party
Insured Vehicle	SHA8660S	Third Party Vehicle. SLT1756Z
Survey Location	BLK 9006 TAMPINES ST 93 #01-200	
Contact Person.	JEREMIAH NG	
Contact No.	67897997/ 0	Fax No. 67887997
Survey Type	WITHOUT PREJUDICE:	
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	FALCON-AIR AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

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.

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 5 September 2019 10:51 AM
To: 'CWS Motor Claims'; assignments
Cc: 'Henry Kao Cai Jie'; SUR
Subject: RE: SURVEY ASSESSMENT - D19003180MFSH/1
Attachments: CSFCI19008673Uqd3.pdf

Dear Henry,

Enclosed herewith preliminary advice of SLT 1756Z.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Sent: Thursday, 16 May 2019 10:30 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Henry Kao Cai Jie' <HenryKao@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19003180MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the 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: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 15 May 2019 5:27 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003180MFSH/1

Dear Sir/Mdm,