# **EXCLUSIVE ENTERPRISE PTE LTD**

8 Kaki Bukit Ave 4 #03-50 PREMIER @ KAKI BUKIT Singapore 415875 Tel: 6245 9655 / 86536483 Fax: 6245 9678 (co regn no: 201906614W)

Email: exclusiveenterprise50@gmail.com

Your Ref No:

SHA394M

Date:

10,223.95

13-03-20

Our Ref No:

YQ1543H/01/20

MS FIRST CAPITAL INSURANCE LIMITED 36, Robinson Road, #16-01

City House Singapore 068877

By Email / Post

Attn:

Motor Claims Department

Dear Sir / Madam,

ACCIDENT INVOLVING:

YQ1543H and SHA394M on 20-12-19 .

Please refer to the above-mentioned accident.

We are writing on behalf of

ALHADAD SERVICES

., the owner

of motor vehicle number

YQ1543H which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number SHA394M

As a result of the said collision, our client has suffered loss and damage which are set out here under as follows (for Property Damage Claim only):-

1 COST OF REPAIR	\$ 8,850.00
2 LTA SEARCH FEE	\$ 7.45
3 GIA TAX INVOICE	\$ 29.00
4 RENTAL ( 5 DAYS X \$267.50 )	\$ 1,337.50

We enclosed the following support documents for your easy reference:

(a) Authorisation Letter

TOTAL AMOUNT

- (b) Driver's NRIC and Driving License
- (c) LTA Search
- (d) GIA Accident Report
- (e) Certificate of Insurance

201906614W

Kindly Acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Yours Faithfully,

EXCLUSIVE ENTERPRISE PTE LTD



8 Kaki Bukit Ave 4 #03-50 PREMIER @ KAKI BUKIT Singapore 415875 Tel: 6245 9655 / 8653 6483 Fax: 6245 9678 (Co Reg No: 201906614W) Email: exclusiveenterprise50@gmail.com

## **AUTHORIZATION TO ACT**

I, ALHADAD SERVICES	("third party claimant") of
(address), owner of YQ 1543 H  Exclusive Enterprise P/L  for me with respect to my claim for rep  ("claim") for my vehicle no. YG  pursuant to the accident to which occurr	(vehicle no.) hereby authorize  ("workshop") to act  oair cost and/or rental and/or loss of use  R 1543 H that was damaged  red on 20-12-2019 (date) along  MCE Tunnel (location)
I further authorize the workshop to settle in they deem fit and the workshop is furthe settlement of my claim with payment chequal I further acknowledge that any settlement to a without prejudice and without admiss driver/owner/insurers of the other vehicle/settlement to the settlement to a without prejudice and without admiss driver/owner/insurers of the other vehicle/settlement.	r authorized to receive payment further to ues being made in favor of the workshop. the workshop may reach on my behalf is or ssion of liability basis in so far as the
Dated this day o	of Mar 20 20 .
Signature:	Witnessed By
(third party claimant)	(workshop)



MS First Capital Insurance Limited Co.Reg. No. 195000106C 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

#### DISCHARGE RECEIPT

CLAIM REFERENCE

D19008044MFSH

ACCIDENT DATE

20/12/2019

ACCIDENT LOCATION

MCE TOWARDS EXP BEFORE ENTER MCE TUNNEL

INSURED

CITYCAB PTE LTD

INSURED DRIVER

TOH TONG SENG

**INSURED VEHICLE** 

**SHA 394M** 

INVOLVED PARTY

YQ 1543H

SETTLEMENT SUM

\$9,956.45

\*\*\* This Discharge voucher appnes only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date.

Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

- 1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,
- 2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT: ALHADAD SERVICES

Signature and Date:

Signature and Date:

WITNESS: 2019066144

> **EXCLUSIVE ENTERPRISE PTE LTD** 8 Kaki Bukit Avenue 4

#03-50 Premier@KB Singapore 415875 A Member of MS&AT 315 6245 9655 Fax: 6245 9678

Co. Reg No: 201906614W

UEN: 53366223)

# **EXCLUSIVE ENTERPRISE PTE LTD**

8 Kaki Bukit Ave 4 #03-50 PREMIER @ KAKI BUKIT Singapore 415875 Tel: 6245 9655 / 86536483 Fax: 6245 9678 (co regn no: 201906614W)

Email: exclusiveenterprise50@gmail.com

INVOICE

MS FIRST CAPITAL INSURANCE

36, Robinson Road, #16-01 City House Singapore 068877 DATE

INVOICE NO

13-Mar-20

EE0000 80 20 / 106

TERM OF PAYMENT

CASH

ITEM	DESCRIPTION			AMOUNT	
Í	Date of Accident Being Lump Sump Repair for the Vehicle	: 20-Dec-19 : YQ1543H MITSUBISHI CANTER (CBU		\$ 8,850.00	
		TOTAL AMOUNT		\$ 8,850.00	

SINGAPORE DOLLARS: EIGHT THOUSAND EIGHT HUNDRED AND FIFTY ONLY

Issued By:

EXCLUSIVE ENTERPRISE PTE LTD

201906614W PT

Driver's Name:

SYED ABDULKADER BIN HASHIM ALHADAD



279, Balestier Road, Balestier Point #02-27, Singapore 329727. Tel: 6250 3339 / 6259 2337 Fax: 6250 1937

#### TAX INVOICE

GST: 201625244G

**EXCLUSIVE ENTERPRISE PTE LTD** 

INVOICE

: AR202001-000178

8 KAKI BUKIT AVENUE 4

DATE

13/01/2020

#03-50 PREMIER@KAKI BUKIT

**TERMS** 

C.O.D

SINGAPORE 415875

RENTAL AGMT:

02008

TEL: 6245 9655 FAX: 6245 9678 TEL 2: 8653 6483

OUR REF

: BS202001-000116

ATTN: ACCOUNT DEPARTMENT

REMARKS: Rental Billing From 13/01/2020 13:00:00 To 18/01/2020 12:59:00 (YN5123B)

NO.	ITEM CODE / REF	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1	REIT201606-000168	MITSUBISHI - FUSO Item S/N: YN5123B Item Code: YN5123B	5 DAYS	250/PER DAY	1,250.00
	JNT : S\$	NDRED THIRTY-SEVEN DOLLARS AND FIFTY	SUB TOTAL GST 7%		1,250.00 87.50

**CENTS ONLY** 

TOTAL SS : 1,337.50

FOR EDMUND VEHICLE RENTAL PTE LTD

THIS IS A COMPUTER GENERATED DOCUMENT NO SIGNATURE IS REQUIRED

<sup>\*\*</sup>Deposit if Refundable upon Return of the vehicle in the same condition on the day the vehicle was received

# 龍汽車出租私人有限公司 EDMUND VEHICLE RENTAL PTE LTD

279, Balestier Road, Balestier Point #02-27, Singapore 329727. Tel: 6250 3339 (6 Lines) Fax: 6250 1937 Co. Reg. No: 201625244G

	I/We_E	KCLUSIVE EN	ITERPRISE P	ELTO			
HIRER'S PARTICULARS	of	8 F					
If Different From Section (1)					S	ANCO TA BITTE	
	Home:		Mobile:		Office	×:	
the Owner" the undermention a) THIRD PARTY ONLY MELTING THIRD PARTY ONLY MELTING THE EXCESS Which is the report at the accident report including loss from inabit NOT cover goods that you the Excess which is the meansed by the hired Vehica the Vehicle. This policy workers' injury claim whether or not such damage of Hire, hereinafter mentioned.	hereby confined Vehicle a OTOR VEH naximum am orting centre, lity to let the a carried in or TOR VEHIC naximum am ole from any s DOES NOT r loss is by pe	rm having agreed to hat the rental fees as should be as should be a same Vehicle out on any rental vehicle (True COVERAGE out of \$4500 shall be single accident or any cover goods that you erson/persons known of the cover goods that you	ire this day from ED own below and I fur yer to any third par cost of any damage hire or loss resulting k, Lorry, Vans, Pas- e paid at/before mal- loss resulting from to carried in our renta	ty damage or in caused to the hi ag from theft or senger Vans, Ca ting a report at hird party dama I vehicle (Truc by negligence or	shall be field re njury claims sha ired Vehicle rest destruction of t trs) and/or worke the accident rep age claim, injury k, Lorry, Vans, r any breach by r	all be paid at/h ulting from any he vehicle. Th ers' injury clair orting centre f v claim, theft Passenger Van me of the Term	perfore making a single accident is policy DOES in for any damaged or destruction of ins, Cars) and/or is and Conditions
Vehicle Regn No. 車輛注册					ent 合同號碼		12008
Section ① Hirer's And/Or I 姓名 Name: SYED ABDUL		culars 租車者/駕駛 BIN HASHIM /		租出日期及時 Date & Time ( 交車日期及時 Date & Time )		2020 @ 1.	
地址 Address: BLK 136 Si	mei stre	et   #07-7	8	Chargeable	A.V.	Rates	Amount
			S 520136		5 克 Days	@\$ 250	\$1250-00
居民證 / 護照號碼 I/C No: / Passport No: S S	7202747	駕駛執照號碼	58202770Z		星期 Weeks	@S	
居民證/護照種類 0		網落口幣			Fl. Months	@\$	
WH-CING	ink	Date of Expiry: N			Monnis	eφ	
Date of Birth: 24. 01	1982	Place of Issue:	ngapore	保險			
三號保險底金 \$4500/- a) Third Party Only Policy Ex	ccess \$4500/-	一號保險底金 \$4 b) Comprehensive Po		Insurance			
車輛必須歸還車主於 Vehicle Must Be Returned 7	To Owner's O	effice By: 18/01/2	2020@1:00	pm	總計 Total Charge		
I UNDERTAKE NOT TO	USE OR	LET OTHERS USI		按金 Security Depo	osit		
TO CARRY OUT ANY				總金額			
CARRYING OF DUTY	UNPAID GO	OODS ESPECIALL	Y CIGARETTES.	Total Payable 來銀			
Name Of Guarantor:				Amount Paid			
Address				送車/費 Delivery Fees			
Address:				收車費用 Collection Fe	an Philipp		
I/C No :		Date:			es/Misc. /小時		
Mobile:			Ct		a Hours	@\$	
			Signature of Guarantor:		G	ST	\$ 87-50
Home :							
Office :				總計 Grand Total			\$1337-50
NOTE: 注 租車者或司機必須付所有信 HIRER AND/OR DRIVER IS	車,違反交 S LIABLE FO	OR ALL PARKING, TR	AFFIC AND SMOK	Y EXHAUST VI	OLATION.		
租車者不准載沙或 HIRER MUST NOT CARRY SAND AND CER	石 灰 MENT ON THE VEHIC		essential that the vehicle period all third party or	e be returned to us the insurance cov	er ceases to be eff	date and time state ective. The rente	led above. On the d vehicle shall be

PLS CHECK ENGINE OIL AND RADIATOR WATER EVERY MORNING.

EDMUND VEHICLE RENTAL PTE LTD will levy a service charge of \$200 if the rented vehicle breaks down due to shortage of

petrol/diesel.
PLS STRICTLY PUMP DIESEL FROM PETROL KIOSK ONLY 不允許使用工業柴油

considered lost or stolen if it is not returned within twenty-four (24) hours after the expiry date and time.

我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

租車者簽名

Signature of Hirer:

ALL VEHICLES PARTS SUCH AS NUMBER PLATE, LAMP/LAMP COVER & PAX STICKER WAS MISSING, BROKEN, BENDED, DIRTY AND TYPE BALD WHICH THE HIRER/DRIVER DID NOT INFORM US TO REPLACE, THE FINE CHARGES WILL BE BEAR BY THE HIRER/DRIVER.



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

#### TAX INVOICE

Our Ref No:

GR-20-008887

Date of Request:

15/01/2020

Your Ref No:

WALK IN TAY GUANG XIANG

**EXCLUSIVE ENTERPRISE PTE LTD** 8 KAKI BT AV 4#03-50 PREMIER@KB SINGAPORE 415875

Dear Sir/Madam,

Your Vehicle No:

YQ1543H

Date of Accident:

20/12/2019

Place of Accident:

MCE

Involving Vehicle No: SHA0394M

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

#### TAX INVOICE

Our Ref No:

GR-20-008888

Date of Request:

15/01/2020

Your Ref No:

WALK IN TAY GUANG XIANG

EXCLUSIVE ENTERPRISE PTE LTD 8 KAKI BT AV 4#03-50 PREMIER@KB SINGAPORE 415875

Dear Sir/Madam.

Date of Accident:

20/12/2019

Vehicle No:

YQ1543H

Place of Accident:

MCE TOWARDS ECP BEFORE ENTER MCE TUNNEL

Involving Vehicle No: SHA0394M

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA0394M	MCE TOWARDS ECP BEFORE ENTER MCE TUNNEL	14.00 1		13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)			14.00	

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque

#### > Back to OneMotoring

Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

10 Jan 2020 / 12:08:24

Receipt Date/Time: 10 Jan 2020 / 12:08:24

### Tax Invoice/Receipt

Receipt No.: ITNET-00000-200110-001384

Previo	ous Receipt No.:				
S/N	Item Description/		Amount	GST	Amount
	Business Transaction Reference		Before	Amount	After GST
	No.		GST (S\$)	(S\$)	(S\$)
	lt of Insurance Enquiry - SHA394M				
	20 Dec 2019/03:10:00				
	ance Co: MS FIRST CAPITAL INSURA	ANCE LIMITED			
1	Insurance Enquiry - SHA394M				
	Enquiry Fee 20200110120649001575		7.00	0.49	7.49
	20200110120649001575	212.1			
		Sub-Total	7.00	0.49	<b>7.4</b> 9
		Total Before Rounding	7.00	0.49	7.49
		Rounding Difference			0.04
		Total Amount Payable			7.45
	. 1	Paid By			
Y	Q1543 H	xxxxxxxxxxxx9489	Credit Card: Visa/MasterCard		7.45
		Total			7.45
		Cash Change			0.00
		Tendered Amount			7.45
		Excess Refundable Amount			0.00

#### THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

#### RE: [MANDATE REQUEST] Re: [LIABILITY] RE: SURVEY ASSESSMENT - D19008044MFSH/1 // **EXPRESS SETTLEMENT**

Merina Chia < Merina Chia@msfirstcapital.com.sg >

Tue 5/12/2020 5:12 PM

To: Asher Sng (LKKAuto) < Asher Sng@lkkauto.com>

Dear Asher,

Your approval to settle up to \$9,956.45.

Thank you.

Best Regards, Merina Chia (Ms) **Motor Claims Department** 

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID: 6507 3856 | Fax No.: 6507 3849 | Email: merinachia@msfirstcapital.com.sg | Company Regn. No. 195000106C

A Member of MS&AD Insurance Group

As a response to the COVID19 outbreak, we are observing staggered working hours and some of us are on Work From Home arrangement. However, we are actively working to support our clients and partners. We have access to e-mails and will work to respond in a timely manner.

We appreciate your kind understanding. Stay safe.

#### Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to http://www.msfirstcapital.com.sg for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Asher Sng (LKKAuto) < Asher Sng@lkkauto.com>

Sent: Monday, 27 April 2020 1:33 pm

To: Merina Chia < Merina Chia@msfirstcapital.com.sg>

Subject: [MANDATE REQUEST] Re: [LIABILITY] RE: SURVEY ASSESSMENT - D19008044MFSH/1 // EXPRESS SETTLEMENT

Your ref: D19008044MFSH/1

Our ref: CC4/FCI20000159/Hea3s2

Dear Sirs,

#### ACCIDENT INVOLVING SHA 394M AND YQ 1543H ON 20/12/2019

We refer to the above matter.

The accident occurred when our insured changed lane and hit third party vehicle.

Basing on the reports of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

We seek your approval to offer repairer " **EXCLUSIVE ENTERPRISE PTE LTD** " at \$9,956.45 (all-in).

The summary is as follows: -

Amount Claimed Amount Revised

1. Cost of Repairs \$ 20,502.59 \$ 8,850.00

2. Loss of Rental (5days x \$250)(w/GST) \$ 1,337.50 \$ 1,070.00 (5days x \$200)

3. LTA Search Fee \$ 36.45 36.45

> **Total** \$ 9,956.45

Surveyor recommended 8 days for repair.

Enclosed here with all the relevant documents for your perusal.

Kindly let us have your approval / instruction.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: <u>ashersng@lkkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

From: Merina Chia < <a href="mailto:MerinaChia@msfirstcapital.com.sg">MerinaChia@msfirstcapital.com.sg</a>>

Sent: Wednesday, March 4, 2020 9:44 AM

To: Asher Sng (LKKAuto) < <a href="mailto:AsherSng@lkkauto.com">AsherSng@lkkauto.com</a>>

Subject: RE: [LIABILITY] RE: SURVEY ASSESSMENT - D19008044MFSH/1 // EXPRESS SETTLEMENT

Dear Asher,

We are agreeable with your proposal on liability.

Thank you.

Best Regards, Merina Chia (Ms) **Motor Claims Department** 

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID: 6507 3856 | Fax No.: 6507 3849 | Email: merinachia@msfirstcapital.com.sg | Company Regn. No. 195000106C

A Member of MS&AD Insurance Group

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Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Asher Sng (LKKAuto) < <a href="mailto:AsherSng@lkkauto.com">AsherSng@lkkauto.com</a>>

Sent: Thursday, 27 February 2020 12:31 PM

To: Merina Chia < Merina Chia @msfirstcapital.com.sg>

Subject: [LIABILITY] RE: SURVEY ASSESSMENT - D19008044MFSH/1 // EXPRESS SETTLEMENT

Claim No: D19008044MFSH/1 LKK Ref: CC4/FCI20000159/Hea3

Dear Sir/Madam,

#### ACCIDENT INVOLVING SHA 394M AND YQ 1543H ON 20/12/2019

We refer to the above matter.

Liability: 100%

Remark: B:15 OID CHANGED LANE HIT TP

Kindly let us have your approval on liability.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mei Kwan (LKKAuto) < Meikwan@lkkauto.com>

**Sent:** Friday, 24 January 2020 10:41 AM

To: 'Merina Chia' < Merina Chia@msfirstcapital.com.sg >

Cc: Asher Sng (LKKAuto) < Asher Sng@lkkauto.com >; Admin A < admin-a@lkkauto.com > Subject: RE: SURVEY ASSESSMENT - D19008044MFSH/1 // EXPRESS SETTLEMENT

YOUR REF: D19008044MFSH LKK REF: CC4/FCI20000159/Hea3

Dear Sir / Madam,

We refer to the above matter.

We had inspected TP vehicle YQ 1543H on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP estimated cost of repair
- Preliminary advice

Please take note that the case handler in-charge is Asher and she can be contacted at DID: 6841 6051.

To check availability of the case handler, you may contact the undersigned.

#### "Wishing you a Happy and Prosperous Lunar New Year



Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) < admin-d@lkkauto.com>

**Sent:** Monday, 13 January, 2020 9:30 AM

To: 'CWS Motor Claims' < <a href="mailto:cws.motorclaims@msfirstcapital.com.sg">cws.motorclaims@msfirstcapital.com.sg</a>; assignments < <a href="mailto:assignments@lkkauto.com">assignments@lkkauto.com</a>;

Admin A <admin-a@lkkauto.com>

Cc: 'Merina Chia' < MerinaChia@msfirstcapital.com.sg>

Subject: RE: SURVEY ASSESSMENT - D19008044MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

# "Wishing you a Happy and Prosperous Lunar New Year"



Best Regards,

Summer Lee | 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: CWS Motor Claims < <a href="mailto:cwsmotorclaims@msfirstcapital.com.sg">cwsmotorclaims@msfirstcapital.com.sg</a>

Sent: Friday, 10 January, 2020 5:43 PM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims < <a href="mailto:cwsmotorclaims@msfirstcapital.com.sg">cwsmotorclaims@msfirstcapital.com.sg</a>; Merina Chia

< MerinaChia@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19008044MFSH/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.

Note: All the accident reports are uploaded into CWS for your perusal.

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.