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TC AutoClinic Pte. Ltd.
25 Leng Kee Road
Singapore 159097
Tel: 6703 8511
Fax: 6479 3965
BRN 199105198R

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SJH9830B and SHB2151D on 30/12/2020

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 2315.27
b)	Loss of Use/ Rental of vehicles for <u>3</u> day(s) @ S\$ <u>80.00</u> per day	S\$ 240.00
c)	LTA/GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$ NA
e)	Others	S\$ NA
TOTAL		S\$ 2562.72

I enclose herewith copy of the following: (please tick the appropriate boxes)

☒	Repair Invoice	☒	LTA/ GIA Search Receipt
☐	Policy Excess Invoice	☐	NRIC/ Driving License
☒	Discharge Voucher	☒	Letter Of Authority
☐	Rental Invoice	☐	GIA Report
☐	Certificate of Insurance	☐	Survey Report
☐	Towing Invoice	☐	Medical Invoice

All payment should be payable to **TC AUTOCLINIC PTE LTD (TCAC)** and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

*Contact person: Sayedinah Ali
HP: 92992693 DID: 67038515
FAX: 64793965
Email: sayedinah@tanchong.com



LETTER OF AUTHORITY AND INDEMNITY

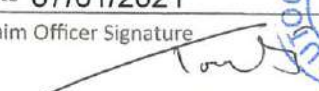
- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
☒ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☒ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SJH9830B AND SHB2151D
ON 30/12/2020 AT TRAFFIC LIGHT JUNCTION GRANGE ROAD

- I, the owner of vehicle no. SJH9830B hereby instruct you and authorise you to act for me with respect to the following:-
 - To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - To sign discharge voucher on my behalf.
- I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
- In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
- In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
- If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
- I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
- I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
- In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name <u>MOTORIMAGE ENTERPRISES PTE LTD</u>		Company Name <u>TC AUTOCLINIC PTE LTD</u>	
Address <u>911 BUKIT TIMAH ROAD</u> <u>S(589622)</u>		Claim Officer's Name <u>SAYEDINAH ALI</u>	
Telephone No <u>67038220</u>		Telephone No <u>92992693</u>	
Date <u>07/01/2021</u>	Email <u>VINNIE@TANCHONG.COM</u>	Date <u>07/01/2021</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	

DISCHARGE RECEIPT

CLAIM REFERENCE : D21000065MFSH
ACCIDENT DATE : 30/12/2020
ACCIDENT LOCATION : ALONG GRANGE RD
INSURED : CITYCAB PTE LTD
INSURED DRIVER : THONG WEI MUN
INSURED VEHICLE : SHB 2151D
INVOLVED PARTY : SJH 9830B
SETTLEMENT SUM : \$ 2,502.72

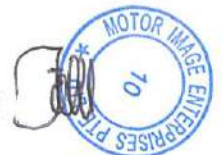
I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said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

Signature and Date : 27/07/2021



WITNESS : SAYEDINAH ALI

Signature and Date : 27/07/2021





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TC AutoClinic Pte. Ltd.

Service Centres

1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212

25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13

913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3

Regn No.: 199105199R GST Regn No.: 19-9105199-R

TC AutoClinic

TAX INVOICE

CO. REG: 19-9105199-R

NAME : FIRST CAPITAL INSURANCE LTD
ADDRESS : CAPITALM006 WEF 2018
36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848 / 68543466
ENGINE NO : EDWARW9C27HWA-----
CHASSIS NO : HR12073858K-C27FL
VEHICLE NO : JN1EBAC27Z0000101
SJH9830B

INVOICE NO : WE2103908
DATE : 22-JAN-2021
TERMS : CREDIT
DATE REC'D : 04-JAN-2021
SA/SE : SAY
JOB NO : EG172685
MILEAGE : 012754
YOUR REFERENCE : 170/IC/TCAC/SAY/20

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
1	LABOUR REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST		55.00
2	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA		NC
3	CONDUCT TP CLAIM 1ST CAP DATE:30/12/2020 TIME:1245 LOCATION: TRAFFIC LIGHT JUCTION GRANGE ROAD		NC
4	REPAIR/REPLACE REAR BUMPER,END PANEL, RH FENDER, AND TAILGATE		390.00
5	RESPRAY REAR BUMPER,END PANEL,TAILGATE & REAR RH FENDER		250.00
6	REMOVE/REFIX REAR TRIMS,GARNISH AND SEAT TO FACILITATE REPAIR		NC
7	CHECK ALL LIGHTINGS AFTER REPAIR TO REAR PORTION		NC
8	QC & CONSULT CHECK		NC
9	CARWASH AND VACUUM		NC
	SUBTOTAL	:	695.00
	PARTS		
1	COVER REVERSE SENSOR BRACKET LH Qty:1 @ \$96.30 each (Special Nett Item)		96.30
2	COVER REVERSE SENSOR BRACKET RH Qty:1 @ \$96.30 each (Special Nett Item)		96.30

DOLLARS:



WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

RELEASE BY

SIGNATURE



www.tanchong.com

TC AutoClinic Pte. Ltd.

Service Centres

1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212

25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13

913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3

Regn No.: 199105199R GST Regn No.: 19-9105199-R



TAX INVOICE

NAME :

FIRST CAPITAL INSURANCE LTD

ADDRESS :

CAPITALMO06 WEF 2018
36 ROBINSON ROAD

TELEPHONE :

#16-01 CITY HOUSE S(068877)

MODEL :

65073848 / 68543466

ENGINE NO :

EDWARW9C27HWA----

CHASSIS NO :

HR12073858K-C27FL

VEHICLE NO :

JN1EBAC27Z0000101
SJH9830B

CO. REG: 19-9105199-R

INVOICE NO :

WE2103908

TERMS :

22-JAN-2021

DATE REC'D :

CREDIT

SA/SE :

04-JAN-2021

JOB NO :

SAY

MILEAGE :

EG172685

YOUR REFERENCE :

012754

170/IC/TCAC/SAY/20

ITEMS	2	JOB DESCRIPTION	Credit terms	AMOUNT
3		COVER REVERSE SENSOR CENTER 2 PCS Qty:2 @ \$72.50 each (Special Nett Item)		145.00
4		FACE-RR BUMPER Qty:1 @ \$1414.00 each (Disc:20.00% After Disc:\$1131.20each)		1131.20
		SUBTOTAL :		1468.80
		Insurance Co : FIRST CAPITAL INSURANCE LTD REFER MS FIRST Policy No.....: 999993946/100880804-00003 Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 30-DEC-2020 Our Ref.....: 170/IC/TCAC/SAY/2020 Surveyor.....: SURVEYOR FROM INSURANCE CO		
		LABOUR :		695.00
		PARTS :		1468.80
		SUBTOTAL :		2163.80
		TOTAL :		2163.80
		GST (7%) :		151.47
		AMOUNT DUE :		2315.27

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)

DOLLARS:

TWO THOUSAND THREE HUNDRED FIFTEEN
AND CENTS TWENTY SEVEN ONLY.



WORKSHOP MANAGER

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CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

SJH9830B (EG172685/WE2103908)

RELEASE BY

NAME: FIRST CAPITAL INSURANCE LTD REFER MS FIRST

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Dec 2020 / 15:47:18

Receipt Date/Time : 30 Dec 2020 / 15:47:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201230-003073

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHB2151D

As at 30 Dec 2020/00:12:45

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1 Insurance Enquiry - SHB2151D

Enquiry Fee

20201230153811941326

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

418238XXXXXX6877 eNETS Credit Card 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: SURVEY ASSESSMENT - D21000065MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHB2151D AND SJH9830B ON 30/12/2020 *CC4/FCI21000094/Gra3**

Eric Woo <EricWoo@msfirstcapital.com.sg>

Mon 7/19/2021 12:02 PM

To: Jaslin Kok (LKK Auto) <jaslinkok@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Dear Jaslin,

Please advise us the reason in delay of the mandate.

You have our mandate to settle as follow:

Cost of Repair : \$2,315.27
Loss of Use : \$150.00 - \$180.00 (\$50 - \$60 x 3days)
LTA fee : \$7.45
Total : \$2,472.72 - \$2,502.72

Thank you.

Eric Woo

Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Email:

EricWoo@msfirstcapital.com.sg | Company Regn. No. 195000106C

A Member of **MS&AD** Insurance Group

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.

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From: Jaslin Kok (LKK Auto) <jaslinkok@lkkauto.com>

Sent: Tuesday, 13 July 2021 10:25 am

To: Eric Woo <EricWoo@msfirstcapital.com.sg>

Cc: Admin A <admin-a@lkkauto.com>

Subject: Re: SURVEY ASSESSMENT - D21000065MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHB2151D AND SJH9830B ON 30/12/2020 ***CC4/FCI21000094/Gra3

Dear Sirs/Mdm,

ACCIDENT INVOLVING SHB 2151D (FCI) AND SJH 9830B (TP) ON 30/12/2020

We refer to the above matter.

We seek your approval to offer repairer **"TC AUTOCLINIC PTE LTD"** at **\$ 2,502.72 (all-in).**

The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repair	\$ 3,574.56	\$ 2,315.27 (\$2,163.80 +7%GST)
2. Loss of Use (3 days x \$80.00)	\$ 240.00	\$ 180.00 (3 days x \$60.00)
3. LTA Report fee	\$ 7.45	\$ 7.45
Total	<u>\$ 3,822.01</u>	<u>\$ 2,502.72</u>

Surveyor recommended 3 days for repair.

Enclosed here with all the relevant documents for your perusal.

Kindly let us have your approval / instruction.

Thank you.

Best Regards,

Jaslin Kok | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | email: JaslinKok@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: Thursday, April 15, 2021 11:08 AM

To: Eric Woo <EricWoo@msfirstcapital.com.sg>; Jaslin Kok (LKK Auto) <jaslinkok@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D21000065MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHB2151D AND SJH9830B ON 30/12/2020 ***CC4/FCI21000094/Gra3

Dear Eric,

We refer to the above matter.

Enclosed here with TP LOD.

We will prepare report to seek mandate soonest.

Hi Jaslin,

Please follow up closely.

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

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: Eric Woo <EricWoo@msfirstcapital.com.sg>

Sent: Saturday, 10 April, 2021 3:50 PM

To: Jaslin Kok (LKK Auto) <jaslinkok@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D21000065MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHB2151D AND SJH9830B ON 30/12/2020 ***CC4/FCI21000094/Gra3

Dear Jaslin,

We are agreeable with express settlement.

Thank you.

Eric Woo
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 |
Email: EricWoo@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of  Insurance Group

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From: Jaslin Kok (LKK Auto) <jaslinkok@lkkauto.com>

Sent: Friday, 9 April 2021 3:43 pm

To: Eric Woo <EricWoo@msfirstcapital.com.sg>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D21000065MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHB2151D AND SJH9830B ON 30/12/2020 ***CC4/FCI21000094/Gra3

Dear Eric

We refer to the above matter.

Liability: 100%(B27)

Remarks: OI REAR ENDED TP

Kindly let us have your approval on liability.

Thank you.

Best Regards,

Jaslin Kok | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | email: JaslinKok@lkkauto.com | fax: 6741 4108

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

From: Jaslin Kok (LKK Auto)

Sent: Friday, 12 March 2021 5:19 PM

To: MERINACHIA@MSFIRSTCAPITAL.COM.SG

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D21000065MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHB2151D AND SJH9830B ON 30/12/2020 ***CC4/FCI21000094/Gra3

Dear Merina

We refer to the above matter.

Liability: 100%(B27)

Remarks: OI REAR ENDED TP

Kindly let us have your approval on liability.

Thank you.

Best Regards,

Jaslin Kok | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | email: JaslinKok@lkkauto.com | fax: 6741 4108

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

From: Jaslin Kok (LKK Auto)

Sent: Monday, 11 January 2021 9:40 AM

To: MERINACHIA@MSFIRSTCAPITAL.COM.SG

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D21000065MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHB2151D AND SJH9830B ON 30/12/2020 ***CC4/FCI21000094/Gra3

Dear Merina

Attached Third Party's video and scene photo for your easy reference.

Kindly let us have insured's video when it's available.

Thank you.

Best Regards,

Jaslin Kok | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | email: JaslinKok@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: Sunday, 10 January 2021 7:35 PM
To: MERINACHIA@MSFIRSTCAPITAL.COM.SG
Cc: Admin A <admin-a@lkkauto.com>; Jaslin Kok (LKK Auto) <jaslinkok@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D21000065MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHB2151D AND SJH9830B ON 30/12/2020 ***CC4/FCI21000094/Gra3

Dear Merina,

We refer to the above matter.

We have inspected third party vehicle SJH 9830B and TP repairer proposed for express settlement.

Enclosed for your perusal is:

- TP estimated cost of repair
- Preliminary advice
- Photographs of TP vehicle in its damaged condition

Please take note that the case handler in-charge is Jaslin.

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

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)

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: Admin-D (LKKAuto)
Sent: Monday, 4 January 2021 11:19 AM
To: 'Claim Workflow System'; assignments
Cc: MERINACHIA@MSFIRSTCAPITAL.COM.SG; Admin A
Subject: RE: SURVEY ASSESSMENT - D21000065MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS

G.NIVITHA

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)

* 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: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 4 January 2021 8:46 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; MERINACHIA@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D21000065MFSH/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.

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