

ASS. REC. BY:

REF: CS / 7CL17008848 / b

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): (WS Joanne Yong) of FCL Date/Time: 04/05/2017 557 pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLN 8077R Insured: SHD 4837K

at Workshop m/s Wlarnus Tel: 9176 8543

of 249 Alexandra Road

Policy No: Claim No: D17004555MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 26042017

CA / REV / REP. / REV 24 HRS 11ap richmond-ho@vazemus.com
peril.org 711 H.O.D. Enforcement

Date/Time: 05/05/2017 9:21am Person Contacted: Richmond Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLN 8077R - X
	SHD 4837K - NS / INC / 50019 TJ / Hlibell DOR: 30012013
16/10/17 4:56pm	Richmond say liability not yet clear
30/12/17 2:16pm	Email to FCL temporary close file <i>Chunlin</i>
	~ 6/8

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Saturday, 30 December, 2017 2:16 PM
To: 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG
Subject: RE: SURVEY ASSESSMENT - D17004555MFSH/1

Dear Sir / Madam,

Please be informed that we are unable to conduct the inspection after some attempts to inform the workshop to present the vehicle.

This case has been pending for a long time due to the unavailability of the owner, therefore we decided to temporarily close this case.

Kindly advise us if there is any arrangement made and will be glad to re-open the case accordingly.

"Wishes you a Happy New Year 2018"

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: Catherine Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Friday, 5 May, 2017 9:30 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG; 'SUR' <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17004555MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

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: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Thursday, 4 May, 2017 5:57 PM
To: ASSIGNMENTS@LKKAUTO.COM

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000166C
GST Reg. No. M2-0001679-9

MOTOR SURVEY ASSIGNMENT

Date: 04-05-2017 Our Ref No. D17004555MFSH
Accident Date: 26-04-2017 Claim Type: Third Party
Insured Vehicle: SHD4837K Third Party Vehicle: SLM8077R
Survey Location: BODY AND PAINT DEPT 249 ALEXANDRA ROAD
Contact Person: RICHMOND HO
Contact No. 64304890/ 91768543 Fax No. 0
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: WEARNES AUTOMOTIVE PTE LTD Attention: NIL
Cc : TP Solicitor: NA TP Solicitor Fax No. NA
Officer Incharge: JOANNEY

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/221754)



PRI Documents



Close



PRI Header Details

Claim No	D17004555MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & WE LTD
Workshop Name	WEARNES AUTOMOTIVE PTE LTD (Contact Person : RICHMOND HO.)	Survey Location & Contact Details	BODY AND PAINT DEPT 249 ALEXANDRA ROAD Mobile: 91768543 , Phone: 64304890 , Fax: EmailId: RICHMOND.HO@WEARNES.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD4837K	TP Vehicle No	SLM80
PRI Recieved Date	04-05-2017 05:42:39 PM	Surveyor Appointed Date	04-05-2017 05:57:21 PM	Surveyor Accept Date	04-05-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	04-05-2017	Upload Survey Report *:	
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Vehicle Particulars

Make	Please Select Make	Model	Please Select Model	Year	Select
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks