Estimated Cont. OD (TP) WS/ TP B To Inspect Vehicle No at Workshop m/r of Policy No. Sum Insured Make of Veh. (Clear's Recent) CA / REV / REP.	es/odres/ev	of A/INV/MVI SKQ 8	FCI Bill to CS 4641	100 SHC 1449 Y
OD TP WS / TP B To laspect Vehicle No at Workshop m/s of Policy No Sum insured Make of Veh (Client's Recent) CA / REV / REP.	Wea	SKQ 8	4641	SHCIAAAN
To Inspect Vehicle No at Workshop m/r of Policy No Sum Insured Make of Veh (Client's Record)	Wea	SKQ 8	4691	SHCIAAAN
at Workshop m/r_ of_ Policy No. Sum Insured Make of Veh. (Clent's Recent) CA / REV / REP.	Wea	mes Auto	100	
Sum Insured  Make of Veh (Client's Record)  CA / REV / REP.		Jeng Kee	omofive	Tel 9818 7217
Make of Veh. (Client's Recent) CA / REV / REP.		es y rac	Claim No.	D180014/1MFSH
(Client's Recent)  CA / REV / REP.			Excess	- 118 0014 11 11 STI
CA / REV / REP.				DOA 14/02/2018
Ditte/Time 5-2-pr	1 REV 24 HRS 14	φ) erson Contacted	Steven	N.O.D. Ecdersement Vehicle-IN 46UT
Date/Time Action	Visitration (	) Extimat		
SH	Q 8469] ->	INC1806	2132/Klv	bn2 Dra-A:01/02/2018
6/4	118: Received	email hor	I from Lex	to concel survey assessment as
TP	owner has re	vert to or	sclaim.	eles is 8 cs.



MS First Capital Insurance Limited College No. 1990001090 LST Reg No. NO.0001076-9 5 Raffles Quay 821-00 Singapore 048580 Tel (65) 6222 2311 Fax: (65) 6222 5547

Calms & Pente Underwitting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 8848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

15-02-2018

Our Ref No. D18001411MFSH

**Accident Date** 

14-02-2018

Claim Type. Third Party

Insured Vehicle

SHC1449Y

Third Party Vehicle. SKQ8469J

Survey Location

45 LENG KEE ROAD

Contact Person.

STEVE CHEN

Contact No.

0/98187217

Fax No. 0

Survey Type

WITHOUT PREJUDICE: LIABILITY UNCLEAR (EST. COR - \$8,256.65)

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

Attention, NIL

Cc : TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SERENE

PTE LTD

### 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,	(235067) 🚣 P	RI Documents 🙆 Close 🗶	].			
		14	PRI Header Details				
Claim No	D18001411MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & WEARNE		
Workshop Name	WEARNES AUTOMOTIVE PTE LTD (Contact Person : STEVE CHEN)	Survey Location & Contact Details	45 LENG KEE ROAD Mobile: 98187217 , Phone: 0 , Fax: 0 EmailId: STEVE.CHEN@WEARNES.COM				
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: LIABILITY UNCLEAR (EST. COR				
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC1449Y	TP Vehicle No	SKQ84693		
PRI Recieved Date	15-02-2018 03:57:22 PM	Surveyor Appointed Date	20-02-2018 02:36:30 PM	Surveyor Accept Date	22-02-2018 (		
			Survey Report Upload				
Surveyor Inspection Date *:		Surveyor Report Date	23-02-2018	Upload Survey Report *:	Choose File		
			Vehicle Particulars				
Make	Please Select Make 🔻	Model	Please Select Model ▼	Year	Select Year		
Chasis No		Engine No		Mileage			
olor		Cubic Capacity					
Multiple Do	cuments Upload						
AND COMPOSED FOR	and the second second second	ata Maria Companya ata Maria Maria Maria			1		
File Nam	e	Upload Multiple	Documents	Action			
	ob Remarks						

# Nivitha (LKK Auto)

From:

Serene Ler <Sereneler@msfirstcapital.com.sg>

Sent:

Friday, 6 April 2018 6:47 PM

To:

Nivitha (LKK Auto); CWS Motor Claims; ASSIGNMENTS@LKKAUTO.COM

Cc:

'SUR'

Subject:

RE: CANCEL SURVEY ASSESSMENT - D18001411MFSH/1

Dear Nivitha.

Please be informed 3P owner has revert to OD claim.

Please cancel the survey assessment and close case at your end without charge.

Regards, Serene Ler Motor Claims

## MS First Capital Insurance Limited

A Member of MEMAN Insurance Group

36 Robinson Road, City House, #16-01 | Singapore 068877 | Tel: 6507 3848 | Fax: 6507 3849 | Reg. No. 195000106C Motor Claims: motor\_claims@msfirstcapital.com.sg | Website: www.msfirstcapital.com.sg

\*With effect from 15 January 2018, we will be known as MS First Capital Insurance Limited. Our new website will be <a href="https://www.msfirstcapital.com.sg">www.msfirstcapital.com.sg</a>.

With immediate effect, my email address will change to Sereneler@msfirstcapital.com.sg.

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.first-insurance.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: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Thursday, February 22, 2018 2:43 PM

To: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM

Cc: Serene Ler <Sereneler@msfirstcapital.com.sg>; 'SUR' <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18001411MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

HEST 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: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Tuesday, 20 February 2018 2:37 PM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18001411MFSH/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.

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.