

ASS: REC: BY:

RIP CS/FCI 18005313/

d3

Special Instructions:

Survivor:

ASSIGNMENT (Office)

From (if any):

CWS

Joanne Yong

of

FCI

Date/Time:

2/3/18 @ 9:14am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLA 4900D

Insured:

SHB 6217Y

at Workshop in/s:

cycle & damage

Tel:

65684501

of

209 fundant Gorden

Policy No:

Claim No:

D18002229MP3H

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15/03/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement

Date/Time:

10:12am @ 2/3/18

Person Contacted:

Tay

Vehicle IN (OUT)

Date/Time	Action/Instruction (—) Estimate	1/10/18 - TP owner withdrew claim.
	SLA 4900D - CC3/AIG 18005265/R463	D.O.A. 15/3/18
	SHB 6217Y - CC3/AIG 18005265/R463	D.O.A. 15/3/18
13/8/18-	VNI yet	1/10/18 - Revert through email
25/8/18-	vehicle not in (edwin)	
5/9/18-	vehicle still not in	
14/9/18-	VNI yet (Mr. Tay)	

CWS 11/10/18

MOTOR SURVEY ASSIGNMENT

Date	19-03-2018	Our Ref No. D18002229MFSH
Accident Date	15-03-2018	Claim Type, Third Party
Insured Vehicle	SHB6217Y	Third Party Vehicle, SLA4900D
Survey Location	KIA SERVICE CENTRE 209 PANDAN GARDENS	
Contact Person	TAY JIAN YE	
Contact No.	65684501/ 0	Fax No. 65651240
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	CYCLE & CARRIAGE KIA 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/236083)



PRI Documents



Close



PRI Header Details

Claim No	D18002229MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & CYCLE & (
Workshop Name	CYCLE & CARRIAGE KIA PTE LTD (Contact Person : TAY JIAN YE)	Survey Location & Contact Details	KIA SERVICE CENTRE 209 PANDAN GARDENS Mobile: 0 , Phone: 65684501 , Fax: 65651240 EmailId: JIANYE.TAY@CYCLECARRIAGE.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHB6217Y	TP Vehicle No	SLA4900D
PRI Recieved Date	20-03-2018 06:32:28 PM	Surveyor Appointed Date	21-03-2018 09:13:47 AM	Surveyor Accept Date	21-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	21-03-2018	Upload Survey Report *:	Choose File
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Vehicle Particulars

Make	Please Select Make	Model	Please Select Model	Year	Select Year
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			

Multiple Documents Upload

Upload Multiple Documents	
File Name	Action

Surveyor Job Remarks

Remarks		Save
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Nivitha (LKK Auto)

From: Nivitha (LKK Auto) <admin-d@lkkauto.com>
Sent: Monday, 1 October 2018 4:15 PM
To: 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; 'SUR'
Subject: RE: SURVEY ASSESSMENT - D18002229MFSH/1

Dear Sir/Mdm,

Please be informed that according to the repairer, TP owner already withdraw claim.

We will close this file at our end without billing.

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: Nivitha (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Wednesday, 21 March 2018 2:25 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; 'SUR' <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18002229MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in 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: Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 21 March 2018 9:13 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18002229MFSH/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.



AVG

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