

ASS. REC. BY:

REF: CS/FCI18005328/.d3 Special Instructions:

Surveyor

CWS

ASSIGNMENT (Office)

From (Person):

8ifheara

of

FCI

Date/Time:

2/13/18 @ 12:54pm

Estimate Cost:

Bill to:

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

To Inspect Vehicle No:

SKA 7181D

Insured:

SHB 2413Z

at Workshop in/v

LBA Automotive

Tel:

65095521

of

1 Koki Bkt Ave 6 # 02-17 Autobay

Policy No:

Claim No:

D18002179MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

1/10/2018

CA / REV / REP. / REV 24 HRS

1 up

H.O.D. Endorsement:

Date/Time:

2:44pm @ 2/13/18

Person Contacted:

Karen

Vehicle IN (OUT)

Date/Time

Action/Instruction (✓) Estimate

SKA 7181D - NS/INC18004037 / Gab

D.O.A: 28/2/18

SHB 2413Z - CC3 / FCI15019269 / Kabe2

D.O.A: 08/07/15

9/14/18 @ 2:10pm: Received email from Karen that her Client  
withdrew the claim. Closing 5/9/18

**MOTOR SURVEY ASSIGNMENT**

|                           |                                   |                                      |
|---------------------------|-----------------------------------|--------------------------------------|
| <b>Date</b>               | 16-03-2018                        | <b>Our Ref No.</b> D18002179MFSH     |
| <b>Accident Date</b>      | 14-03-2018                        | <b>Claim Type.</b> Third Party       |
| <b>Insured Vehicle</b>    | SHB2413Z                          | <b>Third Party Vehicle.</b> SKA7181D |
| <b>Survey Location</b>    | 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY |                                      |
| <b>Contact Person.</b>    | MS KAREN                          |                                      |
| <b>Contact No.</b>        | 65095521/ 0                       | <b>Fax No.</b> 65095523              |
| <b>Survey Type</b>        | WITHOUT PREJUDICE:                |                                      |
| <b>Appointed Surveyor</b> | LKK AUTO CONSULTANTS PTE LTD      |                                      |
| <b>Contact Person</b>     | NA                                | <b>Fax No.</b> 68416315              |
| <b>Contact Number.</b>    | 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**

|                          |                        |                                |
|--------------------------|------------------------|--------------------------------|
| <b>Cc : Workshop</b>     | LBA AUTOMOTIVE PTE LTD | <b>Attention.</b> NIL          |
| <b>Cc : TP Solicitor</b> | NA                     | <b>TP Solicitor Fax No.</b> NA |
| <b>Officer Incharge</b>  | SITHARA                |                                |

**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/236021)



PRI Documents



Close



## PRI Header Details

|                   |                                                       |                                   |                                                                                                                        |                      |              |
|-------------------|-------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|--------------|
| Claim No          | D18002179MFSH                                         | Policy No                         | D-18088937MFSH                                                                                                         | Claimant S.No & Name | 1 & LBA AUTC |
| Workshop Name     | LBA AUTOMOTIVE PTE LTD<br>(Contact Person : MS KAREN) | Survey Location & Contact Details | 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY<br>Mobile: 0 , Phone: 65095521 , Fax: 65095523<br>EmailId: LBAAUTOMOTIVE@HOTMAIL.COM |                      |              |
| Our Surveyor      | LKK AUTO CONSULTANTS PTE LTD                          | Instructions To Surveyor          | WITHOUT PREJUDICE:                                                                                                     |                      |              |
| Insured Name      | CITYCAB PTE LTD                                       | Insured Vehicle No                | SHB2413Z                                                                                                               | TP Vehicle No        | SKA7181D     |
| PRI Recieved Date | 20-03-2018 08:31:38 PM                                | Surveyor Appointed Date           | 21-03-2018 12:53:35 PM                                                                                                 | Surveyor Accept Date | 21-03-2018 0 |

## Survey Report Upload

|                             |                      |                      |            |                         |                                            |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--------------------------------------------|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 21-03-2018 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--------------------------------------------|

## Vehicle Particulars

|           |                                                 |                |                                                  |         |                                          |
|-----------|-------------------------------------------------|----------------|--------------------------------------------------|---------|------------------------------------------|
| Make      | <input type="text" value="Please Select Make"/> | Model          | <input type="text" value="Please Select Model"/> | Year    | <input type="text" value="Select Year"/> |
| 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

|         |                      |                                     |
|---------|----------------------|-------------------------------------|
| Remarks | <input type="text"/> | <input type="button" value="Save"/> |
|---------|----------------------|-------------------------------------|

## Nivitha (LKK Auto)

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**From:** Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>  
**Sent:** Monday, 9 April 2018 2:18 PM  
**To:** assignments  
**Cc:** SUR  
**Subject:** FW: SURVEYOR APPOINTED; OUR REF : D18002179MFSH ; YOUR REF: SKA7181D

C.S/FCI18005328/td3

Thank you.

Best Regards,

Mei Kwan | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

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

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**From:** LBA Automotive Pte. Ltd. [<mailto:lbaautomotive@hotmail.com>]  
**Sent:** Monday, 9 April, 2018 2:10 PM  
**To:** Claim Workflow System <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>  
**Cc:** SITHARA@MSFIRSTCAPITAL.COM.SG; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** RE: SURVEYOR APPOINTED; OUR REF : D18002179MFSH ; YOUR REF: SKA7181D

Dear Sirs,

Our client withdraw claim.

Thanks & Best Regards

Ms Karen  
LBA Automotive Pte Ltd  
1 Kaki Bukit Ave 6  
#02-47 Autobay  
Singapore 417883  
Tel: 6509 5521  
Fax: 6509 5523

**From:** Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Wednesday, 21 March, 2018 12:53 PM  
**To:** [LBAAUTOMOTIVE@HOTMAIL.COM](mailto:LBAAUTOMOTIVE@HOTMAIL.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [SITHARA@MSFIRSTCAPITAL.COM.SG](mailto:SITHARA@MSFIRSTCAPITAL.COM.SG)  
**Subject:** SURVEYOR APPOINTED; OUR REF : D18002179MFSH ; YOUR REF: SKA7181D

Dear Sir/Madam

PRI Request For **SKA7181D** Accident Involving **SHB2413Z** On 14-03-2018 AT 22:20:00HRS.

Please find below details for your reference

- Claim number : D18002179MFSH
- Insured vehicle number : SHB2413Z
- Accident date : 14-03-2018
- Third-party vehicle number : SKA7181D
- Assignment type : WITHOUT PREJUDICE
- Surveyor : LKK AUTO CONSULTANTS PTE LTD
- Officer-in-Charge : SITHARA

**PS: This is a system generated mail. Please do not reply to this mail.**

Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849



## Nivitha (LKK Auto)

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**From:** Nivitha (LKK Auto) <admin-d@lkkauto.com>  
**Sent:** Monday, 9 April 2018 2:26 PM  
**To:** 'Claim Workflow System'; 'ASSIGNMENTS@LKKAUTO.COM'  
**Cc:** 'SITHARA@MSFIRSTCAPITAL.COM.SG'; 'SUR'  
**Subject:** RE: SURVEY ASSESSMENT - D18002179MFSH/1  
**Attachments:** FW: SURVEYOR APPOINTED; OUR REF : D18002179MFSH ; YOUR REF: SKA7181D

Dear Sir/Mdm,

Kindly refer to the attached email.

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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]  
**Sent:** Wednesday, 21 March 2018 2:16 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** SITHARA@MSFIRSTCAPITAL.COM.SG; 'SUR' <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18002179MFSH/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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]  
**Sent:** Wednesday, 21 March 2018 12:53 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [SITHARA@MSFIRSTCAPITAL.COM.SG](mailto:SITHARA@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18002179MFSH/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.**