

230930001

ASS. REC. BY:

REF: CS/FCI18005479/ d3

Special Instruction:

SWI Ver/pt

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

22/3/18

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

GBB 7540C

Insured:

SHA 3190P

at Workshop m/s

Precise Auto Service

Tel:

6745 7367

of

No. 1 Kaki Bkt Ave 6 #02-34 / 36

Policy No:

Claim No:

D17 00 9628 MFSH

Sum Insured:

Excess:

Make of Veh (Client's Record)

D.O.A

10/10/2017

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

5:45pm 22/3/18

Person Contacted:

Anine

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	GBB 7540C - CC4/ICS17019674/M/ea3q2 D-O A: 10/10/17
	SHA 3190P - CC-11CS17019674/M/ea3q2 D-O A: 10/10/17
13/8/18-	VNI yet
20/8/18-	VNI
28/9/18-	Maybe TP not claiming will Recontact-
31/10/18-	TP withdrew claim (worked through email). <del>Cited</del> 31/10/18

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	11-10-2017	<b>Our Ref No.</b> D17009628MFSH
<b>Accident Date</b>	10-10-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA3190P	<b>Third Party Vehicle.</b> GBB7540C
<b>Survey Location</b>	NO. 1 KAKI BUKIT AVE 6 #02-34/36	
<b>Contact Person.</b>	ARINE	
<b>Contact No.</b>	67457367/ 0	<b>Fax No.</b> 68413390
<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>	PRECISE AUTO SERVICE	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	MAY CHUA	

**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/229023)

PRI Documents

Close X

## PRI Header Details

<b>Claim No</b>	D17009628MFSH	<b>Policy No</b>	D-15072701MFSH	<b>Claimant S.No &amp; Name</b>	1 & PRECISE
<b>Workshop Name</b>	PRECISE AUTO SERVICE (Contact Person : ARINE)	<b>Survey Location &amp; Contact Details</b>	NO. 1 KAKI BUKIT AVE 6 #02-34/36 <b>Mobile:</b> 0 , <b>Phone:</b> 67457367 , <b>Fax:</b> 68413390 <b>EmailId:</b> SUPPORT@PRECISEAUTO.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE:		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHA3190P	<b>TP Vehicle No</b>	GBB7540C
<b>PRI Recieved Date</b>	09-02-2018 01:33:49 PM	<b>Surveyor Appointed Date</b>	22-03-2018 12:03:53 PM	<b>Surveyor Accept Date</b>	16-10-2017 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	09-02-2018	<b>Surveyor Report Date</b>	23-03-2018	<b>Upload Survey Report *:</b>	Choose File
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## Vehicle Particulars

<b>Make</b>	Please Select Make ▾	<b>Model</b>	Please Select Model ▾	<b>Year</b>	Select Year ▾
<b>Chasis No</b>		<b>Engine No</b>		<b>Mileage</b>	
<b>Color</b>		<b>Cubic Capacity</b>			

## Multiple Documents Upload

Upload Multiple Documents

File Name	Action
GBB7540.NO SURVEY, TP DROPPED CLAIM.PDF	X

## Surveyor Job Remarks

<b>Remarks</b>		Save
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## Nivitha (LKK Auto)

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**From:** Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Sent:** Wednesday, 31 October 2018 11:48 AM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17009628MFSH/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](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](mailto:admin-d@lkkauto.com)]  
**Sent:** Thursday, 22 March 2018 5:48 PM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [MAYCHUA@MSFIRSTCAPITAL.COM.SG](mailto:MAYCHUA@MSFIRSTCAPITAL.COM.SG); [sur@lkkauto.com](mailto:sur@lkkauto.com)  
**Subject:** RE: SURVEY ASSESSMENT - D17009628MFSH/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](mailto:cwsmotorclaims@msfirstcapital.com.sg)]  
**Sent:** Thursday, 22 March 2018 12:03 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [MAYCHUA@MSFIRSTCAPITAL.COM.SG](mailto:MAYCHUA@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17009628MFSH/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**

This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)