

ASS. REC. BY:

REF:

CS/FCI18007073/d3.

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Joanne Yong (CNS) of FCI Date/Time: 16/4/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHU 6975U Insured: SHC 2587A

at Workshop m/s PML Tel: 63190174

of

Policy No: Claim No: D18002885MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 13/4/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction () Estimate
14/4/19	3:37pm Email Courtline to check the vehicle still claim against FCI.
2/4/2020	3:09pm TQK to Caroline, she say that owner withdraw from the wrap 3/4/2020

Summer Lee (LKK Auto)

From: Summer Lee (LKK Auto) <admin-d@lkkauto.com>
Sent: Thursday, 2 April, 2020 10:37 AM
To: 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM; 'SUR'
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: RE: SURVEY ASSESSMENT - D18002885MFSH/1

Dear JOANNEY,

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

No survey was done for this vehicle SLU6975U.

We will close this file at our end without billing.

Best Regards,

Summer Lee | 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 <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 16 April, 2018 5:26 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG;
JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18002885MFSH/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.

MOTOR SURVEY ASSIGNMENT

Date	16-04-2018	Our Ref No.	D18002885MFSH
Accident Date	13-04-2018	Claim Type.	Third Party
Insured Vehicle	SHC2587A	Third Party Vehicle.	SLU6975U
Survey Location	303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE		
Contact Person.	CAROLINE		
Contact No.	63190174/ 0	Fax No.	64794601
Survey Type	DIRECT SETTLEMENT:		
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	PERFORMANCE MOTORS LIMITED	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.