

ASS. REC. BY

REF es/FCI18017434/ d3

SURV. BY CWS

ASSIGNMENT (Office)

From (Person) Eileen Lee of FCI Date/Time 25/11/18 @ 2:51pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SJN 21311 Insured: SHD 40585

at Workshop to: Falcon - Air Auto Tel: 6789 7997

of Bilk 9006, rampines st. 93 # 01-200

Policy No: \_\_\_\_\_ Claim No: 218006979MFSH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 21/09/18

CA / REV / REP. / REV 24 HRS (up)

Date/Time: 3:05pm @ 25/11/18 Person Contacted: Janet Vehicle IN/OUT: OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SJN 21311 - CS3/AXA13005553/Ktu2-1 DOA: 18/3/13</u>
	<u>SHD 40585 - CS/FCI16023504/Ugh 3v2 DOA: 8/12/16</u>
<u>26/1/18-</u>	<u>VNI yet</u>
<u>1/10/18-</u>	<u>vehicle not in</u>
<u>15/10/18-</u>	<u>vni yet</u>
<u>2/11/18-</u>	<u>vehicle still not in yet (property next week)</u>

15/11/18 - TP withdraw claim. Report through email. CWS 15/11/18

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	24-09-2018	<b>Our Ref No.</b> D18006979MFSH
<b>Accident Date</b>	21-09-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD4058S	<b>Third Party Vehicle.</b> SJN2431J
<b>Survey Location</b>	BLK 9006 TAMPINES ST 93 #01-200	
<b>Contact Person.</b>	JANET LIM	
<b>Contact No.</b>	67897997/ 0	<b>Fax No.</b> 67887997
<b>Survey Type</b>	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
<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>	FALCON-AIR AUTO SERVICES PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	EILEEN LEE	

**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.

## Nivitha (LKK Auto)

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**From:** Nivitha (LKK Auto) <admin-d@lkkauto.com>  
**Sent:** Thursday, 15 November 2018 3:40 PM  
**To:** 'Claim Workflow System'; 'ASSIGNMENTS@LKKAUTO.COM'  
**Cc:** 'EILEENLEE@MSFIRSTCAPITAL.COM.SG'; 'SUR'  
**Subject:** RE: SURVEY ASSESSMENT - D18006979MFSH/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:** Tuesday, 25 September 2018 3:09 PM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [EILEENLEE@MSFIRSTCAPITAL.COM.SG](mailto:EILEENLEE@MSFIRSTCAPITAL.COM.SG); 'SUR' <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D18006979MFSH/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:** Tuesday, 25 September 2018 2:51 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [EILEENLEE@MSFIRSTCAPITAL.COM.SG](mailto:EILEENLEE@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18006979MFSH/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.

**Note:** All the accident reports are uploaded into CWS for your perusal.

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.**



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