

11/17/2001

ASS. REC. BY:

REF: CS/FCI19004932/d3

Special Instruction:

SURVAYOR

ASSIGNMENT (Office)

From (Person): CWS (HENRY KAO) of FCI Date/Time: 19/03/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMC 1286R Insured: SHB 3416J

at Workshop m/s C. S. Ong Auto Tel:

of Blk 10 Ang Mo Kio Ind Pk 2A #04-01

Policy No: Claim No: D19001818MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 12/03/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN ☒ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMC 1286R - X
	SHB 3416J - CC3/LCR17008828/M1pg3q2 DOA: 02/05/2017
8/14.10pm	Me Ong will check and call me back.
13/15pm	Me Ong said TP owner withdraw claim. (Time 19/1/21)
18/110.43am	Informal Henry thru email, owner already withdraw claim.

Celine Fong (LKKAUTO)

From: Celine Fong (LKKAUTO)
Sent: Thursday, 14 January 2021 10:43 AM
To: CWS Motor Claims; assignments
Cc: Henry Kao Cai Jie
Subject: RE: PRI: SURVEY ASSESSMENT - D19001818MFSH/1

Dear Sir/Mdm,

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

No survey was done for this vehicle.

We will close this file at our end.

Best Regards,

Celine Fong

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: celinefong@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Tuesday, 19 March 2019 10:12 AM
To: assignments <assignments@lkkauto.com>
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19001818MFSH/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.

Celine Fong (LKKAUTO)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Tuesday, 19 March 2019 10:12 AM
To: assignments
Cc: CWS Motor Claims; Henry Kao Cai Jie
Subject: PRI: SURVEY ASSESSMENT - D19001818MFSH/1
Attachments: Jobsheet_D19001818MFSH_TPD1.pdf

Dear Sir/Mdm,

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Please find attached the necessary documents for survey.

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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	14-03-2019	Our Ref No. D19001818MFSH
Accident Date	12-03-2019	Claim Type. Third Party
Insured Vehicle	SHB3416J	Third Party Vehicle. SMC1286R
Survey Location	10 ANG MO KIO IND PARK 2A #02-16 AMK AUTO POINT	
Contact Person.	JIALIN	
Contact No.	64841933/ 0	Fax No. 64841922
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	C.S. ONG AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	RIAZ LLC	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

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.