ASS. REC. BY:		REF:	CS/FCI19005062/d3		Special Instruction:
SUNAIN ASSIGNMENT (OMce)					
From (Person): CWS (MAY CHUA)			of FÇI		Date/Time: 20/03/2019
Estimated Cost: Bill to:					
ODFFF WS/TP RES / OD RES / EVA / INV   MY   CS					
To Inspect Vehicle No: SBX 6			64R		Insured: SHC 9000E
at Workshop m/s TC Autoclinic					Tel: 6703 8511
of 1 Sixth Lok Yang Road					
Policy No:				Claim No: _	D19001902MFSH
Sum Insured: Excess:					
Make of Veb: D.O.A. 17/03/2019					
(Client's Record)					
CA / REV / REP. / REV 24 HRS					
Date/Time Person Contacted: Vehicle_IN_OUT					
Date/Time	Action/Instruction	(/	) Estimate		
	SBX 64R - X				
	SHC 9000E -	X			
317 19 4.30m Mr Ho email to Transe owner revert to an cham.					OD claim.
	in Justinued May Chen, owner has reverted to or claim. (etil 11/1/20)1.				
		0	Commission of the Street Landson and Street		
***************************************			-		The state of the s
a laborate of the laborate of the lab	1				

From:

CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg>

Sent:

Wednesday, 20 March 2019 9:17 AM

To:

assignments

Cc:

CWS Motor Claims; May Chua Hui Chin

Subject:

PRI: SURVEY ASSESSMENT - D19001902MFSH/1

**Attachments:** 

Jobsheet\_D19001902MFSH\_TPD1.pdf

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.



Claims & Hotor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

18-03-2019

Our Ref No. D19001902MFSH

**Accident Date** 

17-03-2019

Claim Type. Third Party

Insured Vehicle

SHC9000E

Third Party Vehicle. SBX64R

**Survey Location** 

NO. 1 SIXTH LOK YANG ROAD

Contact Person.

YM HO

Contact No.

67038432/0

Fax No. 0

**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

TC AUTOCLINIC PTE LTD

Attention. NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

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.

From:

Celine Fong (LKKAuto)

Sent:

Monday, 11 January 2021 9:32 AM

To:

Ho Yue Meng

Cc:

assignments

Subject:

RE: Arrange Survey - Accident Involving SBX 64R and SHC 9000E (MS First Capital)

on 17.03.2019

Dear Mr Ho,

Noted with thanks.

Best Regards,

#### **Celine Fong**

#### LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: <u>celinefong@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ho Yue Meng <ho\_yue\_meng@tanchong.com>

Sent: Saturday, 9 January 2021 7:55 AM

To: Celine Fong (LKKAuto) < celinefong@lkkauto.com>

Cc: assignments <assignments@lkkauto.com>

Subject: RE: Arrange Survey - Accident Involving SBX 64R and SHC 9000E (MS First Capital) on 17.03.2019

Importance: High

Dear Ms Celine,

Please refer to attached e-mail that we have sent to Ms Yvonne.

Best Regards YM Ho TC Autoclinic Pte Ltd No 1 Sixth Lok Yang Road Singapore 628099 DID: 67038432

From: Celine Fong (LKKAuto) [mailto:celinefong@lkkauto.com]

Sent: 8 January, 2021 5:12 PM

To: Ho Yue Meng < ho yue meng@tanchong.com > Cc: assignments < assignments@lkkauto.com >

Subject: Arrange Survey - Accident Involving SBX 64R and SHC 9000E (MS First Capital) on 17.03.2019

Dear Mr Ho,

Please assist to check and revert on the survey arrangement for vehicle SBX 64R.

Thank you.

Best Regards,

## **Celine Fong**

## LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email:  $\underline{celinefong@lkkauto.com}$  | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From:

Ho Yue Meng <ho\_yue\_meng@tanchong.com>

Sent:

Wednesday, 31 July 2019 4:30 PM

To:

Yvonne Wong (LKK Auto)

Subject:

RE: VEHICLE SBX64R DOA: 17/03/2019

Importance:

High

Dear Ms Yvonne,

Owner of SBX64R has revert to own damage claim as MS First Capital has rejected her claim against their insured.

Thank-you.

Best Regards YM Ho TC Autoclinic Pte Ltd No 1 Sixth Lok Yang Road Singapore 628099 DID: 67038432

From: Yvonne Wong (LKK Auto) [mailto:yvonnewong@lkkauto.com]

Sent: 31 July, 2019 4:20 PM

To: Ho Yue Meng <ho\_yue\_meng@tanchong.com>

Subject: VEHICLE SBX64R DOA: 17/03/2019

Hi

As per tele-conversation today. This vehicle already revert to OD claims. Please sent me the

Email to withdraw this vehicle.

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <a href="mailto:yvonnewong@lkkauto.com">yvonnewong@lkkauto.com</a> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From:

Celine Fong (LKKAuto)

Sent:

Monday, 11 January 2021 10:22 AM

To:

CWS Motor Claims; assignments

Cc:

May Chua Hui Chin

Subject:

RE: PRI: SURVEY ASSESSMENT - D19001902MFSH/1

Dear Sir/Mdm,

Please be informed that according to the repairer, owner has reverted to OD 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: <u>celinefong@lkkauto.com</u> | 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:** Wednesday, 20 March 2019 9:17 AM **To:** assignments <assignments@lkkauto.com>

Cc: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin

<maychua@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19001902MFSH/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.