

10/03/2021

ASS. REC. BY:

REF: CS/FCI19007916/d3

Special Instruction:

SURVAYOR

ASSIGNMENT (Office)

From (Person): CWS (SERENE LER) of

Date/Time: 06/05/2019

Estimated Cost:

Bill to:

OD ☒ TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No: SGP 954E

Insured: SHC 1989E

at Workshop m/s Hua Hong Pte Ltd

Tel: 6760 8815

of 25D Sungei Kadut St 1

Policy No:

Claim No: D19002922MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 30/04/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time

Person Contacted:

Vehicle IN ☒ OUT

Date/Time

Action/Instruction (☒) Estimate

SGP 954E - X

SHC 1989E - NS/INC19018210/K1vf3e2 DOA: 12/10/2019

8/11/2019 4:30pm Jarleen said owner withdrew claim.

11/11/2019 Informed Serene thru email, owner has withdrawn the claim. Celina 11/1/21.

Celine Fong (LKKAUTO)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Friday, 3 May 2019 4:52 PM
To: assignments
Cc: CWS Motor Claims; Serene Ler
Subject: PRI: SURVEY ASSESSMENT - D19002922MFSH/1
Attachments: Jobsheet_D19002922MFSH_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.

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--|-------------------------------------|
| Date | 03-05-2019 | Our Ref No. D19002922MFSH |
| Accident Date | 30-04-2019 | Claim Type. Third Party |
| Insured Vehicle | SHC1989E | Third Party Vehicle. SGP954E |
| Survey Location | 25D SUNGEI KADUT STREET 1 | |
| Contact Person. | JERLEEN TANG | |
| Contact No. | 66619688/ 0 | Fax No. 66619699 |
| Survey Type | WITHOUT PREJUDICE: LIABILITY UNCLEAR (NO EST. COR) | |
| 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 | HUA HONG PRIVATE LIMITED | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | SERENE | |

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.

Celine Fong (LKKAuto)

From: Celine Fong (LKKAuto)
Sent: Monday, 11 January 2021 11:27 AM
To: CWS Motor Claims; assignments
Cc: Serene Ler
Subject: RE: PRI: SURVEY ASSESSMENT - D19002922MFSH/1

Dear Sir/Mdm,

Please be informed that according to the repairer, TP owner has withdrawn his 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)

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To: assignments <assignments@lkkauto.com>
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Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

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