

Form 1000

ASS. REC. BY:

REF: CS/FCI 19010949 / d3

Special Instruction:

Advenger:

CWS

ASSIGNMENT (Office)

From (Person):

Sorene Jer

FCI

Date/Time:

13/6/19 @ 6:33pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMK 6484K

Insured:

SHD 4709Y

at Workshop m/s

MBM wheelpower

Tel:

8686 5188

of

160 Sn Ming Drive # 06-02

Policy No:

Claim No:

D19003446 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17/05/2019

CA / REV / REP. / REV 24 HRS

1 up

25/6/19 @ Before 12pm

H.O.D. Endorsement:

Date/Time:

10:15am @ 14/6/19

Person Contacted:

Cassandra Vehicle IN / OUT

Date/Time

Action/Instruction

13/6/19

SMK 6484K - X

SHD 4709Y - CS/FCI 18204298 / 17/6/2018

DOA: 3/3/2018

19/8/19 @ 3:21pm Cassandra said the owner already withdrawn.

14/6/19

Date	27-05-2019	Our Ref No. D19003446MFSH
Accident Date	17-05-2019	Claim Type. Third Party
Insured Vehicle	SHD4709Y	Third Party Vehicle. SMK6484K
Survey Location	160 SIN MING DRIVE #06-02 SIN MING AUTOCITY	
Contact Person.	CASSANDRA CHUA	
Contact No.	62628888/ 86865188	Fax No. 62509015
Survey Type	WITHOUT PREJUDICE: NO EST. COR (SJE, OFFER LIAB. AT 50% & QUANTUM TO BE AGREED). ARRANGE PRI ON TUE	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

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.

Cc : Workshop	MBM WHEELPOWER PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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: Wednesday, 11 September 2019 10:56 AM
To: CWS Motor Claims; assignments
Cc: Serene Ler
Subject: RE: PRI: SURVEY ASSESSMENT - D19003446MFSH/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,

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: Thursday, 13 June 2019 6:33 PM
To: assignments <assignments@lkkauto.com>
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <SereneLer@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003446MFSH/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.