2705260

CS REC. BY: | REF: CS/FC19011372 / d3 | Special Instruction:

Envelope:

ASSIGNMENT (Office)

From (Person): CWS Maychua of FCI Date/Time: 26/6/19 @ 4.35pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJN 2530G Insured: SHC 8560L

at Workshop m/s Miracle Workz Tel: 96472568

of No. 98 Toh Guan Rd East # 04-126

Policy No: Claim No: D1900 4175 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A 22/06/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 9.30am @ 27/6/19 Person Contacted: Heng Vehicle IN / OUT

Date/Time	Action/Instruction Estimate (✓)
	SHC8560L : NS/INC/19011250/Kitd3 D.O.A: 22/06/2019
	SJN2530G : NS/INC/19011250/Kitd3 D.O.A: 22/06/2019
19/8/19 @	3.09pm Nicole will arrange & call us.
20/11/19 @	2.02pm Nicole will confirm with TP owner whether still want claim FCI.
24/7/20	Talk to Nicole, Owner withdraw claim. Close 24/7/2020.
24/7	11.26am Email to FCI, Owner withdraw claim.

Summer Lee (LKK Auto)

From: Summer Lee (LKK Auto) <admin-d@lkkauto.com>
Sent: Friday, 24 July, 2020 11:26 AM
To: 'CWS Motor Claims'; ASSIGNMENTS@LKKAUTO.COM; 'SUR'
Cc: 'May Chua Hui Chin'
Subject: RE: SURVEY ASSESSMENT - D19004175MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

As spoken with the repairer, Owner withdraw claim.

Best Regards,
Summer Lee | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@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: Wednesday, 26 June, 2019 4:35 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19004175MFSH/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.

MS FirstCapital

MS First Capital Insurance Limited Co.Reg.No. 199000106C GST Reg. No. M2-0001675-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor 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	26-06-2019	**Our Ref No.**	D19004175MFSH
Accident Date	22-06-2019	**Claim Type.**	Third Party
Insured Vehicle	SHC8560L	**Third Party Vehicle.**	SJN2530G
Survey Location	NO. 48 TOH GUAN ROAD EAST #04-126 ENTERPRISE HUB		
Contact Person.	LHENY		
Contact No.	82045858/ 96472568	**Fax No.**	65155434
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	MIRACLE WORKZ PTE LTD	**Attention.**	NIL
Cc : TP Solicitor	C YOGARAJAH LLC	**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.