

MOTOR SURVEY ASSIGNMENT

Date 07-08-2019 **Our Ref No.** D19005155MFSH
Accident Date 04-08-2019 **Claim Type.** Third Party
Insured Vehicle SHB6676E **Third Party Vehicle.** SKN7347A
Survey Location BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08
Contact Person. NITHA
Contact No. 62723892/ 0 **Fax No.** 62708314
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 MOVA AUTOMOTIVE PTE LTD **Attention.** NIL
Cc : TP Solicitor NA **TP Solicitor Fax No.** NA
Officer Incharge KARENT

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.

Nivitha (LKK Auto)

From: Nivitha (LKK Auto) <admin-d@lkkauto.com>
Sent: Wednesday, 19 February 2020 4:02 PM
To: 'CWS Motor Claims'; ASSIGNMENTS@LKKAUTO.COM
Cc: 'Karen Tan'; 'SUR'
Subject: RE: SURVEY ASSESSMENT - D19005155MFSH/1

Dear Sir/Mdm,

Please be informed that we are unable to conduct the inspection for SKN 7347A after some attempts to inform the workshop to present the vehicle.

This case has been pending for a long time due to the unavailability of the owner, therefore we decided to temporarily close this case.

Kindly advise us if there is any arrangement made and will be glad to re-open the case accordingly.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Tuesday, 13 August 2019 3:57 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims; Karen Tan
Subject: PRI: SURVEY ASSESSMENT - D19005155MFSH/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.



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