

ASS. REC. BY:

REF: CS/FCI/9018969/d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): May chuan

of FEI

Date/Time: 8/18am 22/3/19

Estimated Cost: _____ Bill to: _____

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

To inspect Vehicle No: SMM 6586 P

Insured: SHB 4170P

at Workshop m/s Mova Automotive

Tel: 6272 3892

of Blk 108 Bukit Merah Lane 3 # 01-04 / 06

Policy No: _____

Claim No: D19006784MPSH

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 17/11/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement: _____

Date/Time: 10:27am 22/11/19

Person Contacted: Nitha

Vehicle IN/OUT

| Date/Time | Action/Instruction | Estimated |
|-----------|--|------------------|
| | SMM 6586P-X | |
| | SHB 4170P-X | |
| 19/2/2020 | called Nitha she said still pending for liability therefore an temporary close file. Reverted through email. | (line 19/2/2020) |
| | | |
| | | |

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--|--------------------------------------|
| Date | 24-10-2019 | Our Ref No. D19006789MFSH |
| Accident Date | 17-10-2019 | Claim Type. Third Party |
| Insured Vehicle | SHB4170K | Third Party Vehicle. SMM6586P |
| 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: ACCIDENT NOT REPORTED: | |
| 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 | 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.

Nivitha (LKK Auto)

From: Nivitha (LKK Auto) <admin-d@lkkauto.com>
Sent: Wednesday, 19 February 2020 3:41 PM
To: 'CWS Motor Claims'; 'assignments'
Cc: 'May Chua'; 'SUR'
Subject: RE: SURVEY ASSESSMENT - D19006789MFSH/1

Dear Sir/Mdm,

Please be informed that we are unable to conduct the inspection for SMM 6586P 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: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Friday, 25 October 2019 10:30 AM
To: 'CWS Motor Claims'; assignments
Cc: 'May Chua'; SUR
Subject: RE: SURVEY ASSESSMENT - D19006789MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

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: Friday, 25 October 2019 8:18 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006789MFSH/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.



This email has been checked for viruses by AVG antivirus software.
www.avg.com