

22/03/2021

ASS. REC. BY:

REF: CS3/FCI20003986/

d3

Special Instruction:

Owner:

ASSIGNMENT (Office)

From (Person):

Rachel Wu Mei

of

FCI

Date/Time:

5:44pm 12/3/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

G8B 8726C

Insured:

3HC 0799T

at Workshop m/s

My Car Consultant

Tel:

8866 8832

of

53 ubi Avenue 1 # 01-33

Policy No:

Claim No:

D2001432MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

07/03/2020

CA / REV / REP. / REV 24 HRS

1wp

H.O.D. Endorsement:

Date/Time:

10:01am 13/3/2020

Person Contacted:

Hui Qin

Vehicle IN/OUT

| Date/Time | Action/Instruction | Estimate (X) |
|-----------|--|---------------|
| | G8B 8726C - CCA/LPC20003789/71da3 | DOA: 7/3/2020 |
| | 3HC 0799T - CCA/LPC20003789/71da3 | DOA: 7/3/2020 |
| 2/6/2020 | Call Hui Qin arrange let me know (2/12/20 check and let me know) | |
| 13/8/2020 | Talk to Hui Qin, owner withdraw claim. | |
| 14/8.09pm | Informed Rachel (FCU) thru email, owner withdraw claim. | 31/8/2020 |

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--|--------------------------------------|
| Date | 11-03-2020 | Our Ref No. D20001432MFSH |
| Accident Date | 07-03-2020 | Claim Type. Third Party |
| Insured Vehicle | SHC0799T | Third Party Vehicle. GBB8726C |
| Survey Location | 53 UBI AVE 1 #01-33 PAYA UBI INDUSTRIAL PARK | |
| Contact Person. | HUIQIN | |
| Contact No. | 88668832/ 88668832 | Fax No. 0 |
| 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 | MY CAR CONSULTANT PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | RACHELWU LIMEI | |

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.

Summer Lee (LKK Auto)

From: Summer Lee (LKK Auto) <admin-d@lkkauto.com>
Sent: Friday, 14 August, 2020 3:09 PM
To: 'CWS Motor Claims'; 'Rachel Wu'; ASSIGNMENTS@LKKAUTO.COM; 'SUR'
Subject: RE: SURVEY ASSESSMENT - D20001432MFSH/1

Dear Rachel,

Please be informed that according to the repairer, owner already withdraw the claim.

We will close this file at our end without billing.

No survey was done for this vehicle.

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: Thursday, 12 March, 2020 5:43 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Rachel Wu <RachelWu@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D20001432MFSH/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.