

MOTOR SURVEY ASSIGNMENT

**Date** 14/06/2024 **Our Ref No.** D24005262MFCT

Accident Date 12-06-2024 Claim Type Third Party

Insured Vehicle SHA9599E Third Party Vehicle SLN234B

Survey Location MITSUBISHI HC CAPITAL ASIA Contact Person MAY CHAI

**PACIFIC** 

8 FOURTH LOK YANG ROAD

S(629705)

**Contact No.** 96435107 **Fax No.** 

Survey Type Without Prejudice

Appointed LKK AUTO CONSULTANTS PTE LTD

Contact Person Fax No. 68416315

Contact Number 62563561

## 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.

**Encl. Accident Reports** 

Cc: Workshop MITSUBISHI HC CAPITAL ASIA PACIFIC Attention MAY CHAI

Officer Incharge SITHARA

## **IMPORTANT NOTE**

Kindly submit the survey report by **email only** to <u>surveyor@msfirstcapital.com.sg</u> within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.