

MOTOR SURVEY ASSIGNMENT

Date	23/09/2024	Our Ref No.	D24007964MFCT
Accident Date	09-09-2024	Claim Type	Third Party
Insured Vehicle	SHA3510A	Third Party Vehicle	SHC5635A

Survey Location	TRANS-CAB AUTO SERVICES PTE LTD NO. 2 ANG MO KIO STREET 63 (S) 569111	Contact Person	KEK ZHEWEI
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Contact No.	62876666	Fax No.	62877764
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Survey Type Without Prejudice
(NO ESTIMATE)

Appointed Surveyor LKK AUTO CONSULTANTS PTE LTD

Contact Person		Fax No.	68416315
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Contact Number	62563561
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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 & est

Cc : Workshop TRANS-CAB AUTO SERVICES PTE LTD

Attention KEK ZHEWEI

Officer Incharge EMILYTAN

IMPORTANT NOTE

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

This is a computer generated letter, no signature required.