

MOTOR SURVEY ASSIGNMENT

Date	24/09/2024	Our Ref No.	D24008346MFCT
Accident Date	21-09-2024	Claim Type	Third Party
Insured Vehicle	SHC1709Y	Third Party Vehicle	SLU6974Y

Survey Location	AUTOMOBILE HUB ENTERPRISE 1 KAKI BUKIT AVE 6, AUTOBAY #01-15 S(417883)	Contact Person	AH SIONG
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Contact No.	97864483	Fax No.	
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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

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	AUTOMOBILE HUB ENTERPRISE	Attention	AH SIONG
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Officer Incharge	TP Solicitor Fax No	65365368
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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.