

**MOTOR SURVEY ASSIGNMENT**

**Date** 21/06/2024 **Our Ref No.** D24005460MFBP  
**Accident Date** 08-06-2024 **Claim Type** Own Damage  
**Insured Vehicle** SG6136R **Third Party Vehicle**

**Survey Location** TOWER TRANSIT SINGAPORE PTE LTD  
MANDAI BUS DEPOT **Contact Person** LOGAN

**Contact No.** 68171747 **Fax No.**

**Survey Type** Revert for instructions

**Appointed Surveyor** LKK AUTO CONSULTANTS PTE LTD

**Contact Person** **Fax No.** 68416315

**Contact Number** 62563561

**EXCESS APPLICATION FOR OWN DAMAGE CLAIM  
ADDITIONAL \$500.00 FOR INSURED VEHICLE INSTALLED WITH CNG TANKER**

Basic	Y/I Driver	Total
\$50,000	\$0	\$50,000

Encl. Accident Reports & Estimate

**Cc : Workshop** TOWER TRANSIT SINGAPORE PTE LTD

**Attention** LOGAN

**Officer Incharge** RACHELWU

**IMPORTANT NOTE**

Kindly submit the survey report by **email only** to [surveyor@msfirstcapital.com.sg](mailto: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.**