

### MOTOR SURVEY ASSIGNMENT

<b>Date</b>	01/10/2024	<b>Our Ref No.</b>	D24008626MFCT
<b>Accident Date</b>	13-03-2024	<b>Claim Type</b>	Third Party
<b>Insured Vehicle</b>	SHB6262R	<b>Third Party Vehicle</b>	SHF612H
<b>Survey Location</b>	TRANS-CAB AUTO SERVICES PTE LTD NO. 2 ANG MO KIO STREET 63 (S) 569111	<b>Contact Person</b>	KEK ZHEWEI
<b>Contact No.</b>	62876666	<b>Fax No.</b>	62877764

**Survey Type** Without Prejudice  
Non reporting

<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD
<b>Contact Person</b>	<b>Fax No.</b> 68416315
<b>Contact Number</b>	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 & Estimate

<b>Cc : Workshop</b>	TRANS-CAB AUTO SERVICES PTE LTD	<b>Attention</b>	KEK ZHEWEI
<b>Officer Incharge</b>	JOANNEYO		

### 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.**