

MOTOR SURVEY ASSIGNMENT

Date 24/06/2024 **Our Ref No.** D24005497MFCT

Accident Date 20-06-2024 Claim Type Third Party

Insured Vehicle SHD3047E Third Party Vehicle SLB7833P

Survey Location WHEELZ 4 YOU Contact Person DEREK ANG

9002 TAMPINES ST 93 #01-72

(S) 528836

Contact No. 85086795 **Fax No.**

Survey Type Without Prejudice - No Estimate, No Video

Appointed LKK AUTO CONSULTANTS PTE LTD

Surveyor

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 WHEELZ 4 YOU Attention DEREK ANG

Officer Incharge JASONTEA

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.