

MOTOR SURVEY ASSIGNMENT

Date 24/06/2024 **Our Ref No.** D24005546MFCT

Accident Date 22-06-2024 Claim Type Third Party

Insured Vehicle SHA3893U Third Party Vehicle SLZ3706Z

Survey Location HD PERFECT AUTOWORK PTE Contact Person IRENE

LTD

8 KAKI BUKIT AVE 4 #08-09 PREMIER @ KAKI BUKIT(S)

415875

Contact No. 82979787 **Fax No.**

Survey Type Without Prejudice

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 HD PERFECT AUTOWORK PTE LTD Attention IRENE

Officer Incharge NEOJIE

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.