

MOTOR SURVEY ASSIGNMENT

**Date** 29/10/2024 **Our Ref No.** D24009527MFCT

Accident Date 26-10-2024 Claim Type Third Party

Insured Vehicle SHC3358M Third Party Vehicle SNP1333H

Survey Location SPEEDWERKZ PRIVATE Contact Person JASON

LIMITED

1 KAKI BUKIT ROAD AVE 6 #01-73 AUTOBAY@KAKI BUKIT (S)

417883

**Contact No.** 81890858 **Fax No.** 

**Survey Type** Without Prejudice - No Estimate, No Video

Appointed Surveyor LKK AUTO CONSULTANTS PTE LTD

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 SPEEDWERKZ PRIVATE LIMITED Attention JASON

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.