

MOTOR SURVEY ASSIGNMENT

Date 29/10/2024 **Our Ref No.** D24009487MFCT

Accident Date 26-10-2024 Claim Type Third Party

Insured Vehicle SHC8077R Third Party Vehicle KFH241

Survey Location UNIMOTOR COMPANY Contact Person ALVIN

1 KAKI BUKIT AVENUE 6 #01-94

AUTOBAY@ KB (S) 417883

Contact No. 97981616 **Fax No.**

Survey Type Without Prejudice - Claim from TP Sol.

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 UNIMOTOR COMPANY Attention ALVIN

Cc: TP Solicitor JASONTEA

Officer Incharge

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.