

MOTOR SURVEY ASSIGNMENT

**Date** 05/11/2024 **Our Ref No.** D24008911MFCT

Accident Date 07-10-2024 Claim Type Third Party

Insured Vehicle SH6177S Third Party Vehicle PC7763E

Survey Location BIFROST AUTO PTE LTD Contact Person CHANTAL

8 KAKI BUKIT AVE 4 #01-49 PREMIER @ AKKI BUKIT (S)

415875

**Contact No.** 86962755 **Fax No.** 

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

submitted for our review on liabilty

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 BIFROST AUTO PTE LTD Attention CHANTAL

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.