

MOTOR SURVEY ASSIGNMENT

**Date** 20/11/2024 **Our Ref No.** D24010166MFCT

Accident Date 16-11-2024 Claim Type Third Party

Insured Vehicle SHC7975E Third Party Vehicle GBF5752A

Survey Location KT MOTORWERK Contact Person JOHN TEE

BLK 3012 BEDOK INDUSTRIAL PARK E #01-2020 (S) 489978

**Contact No.** 98287487 **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 KT MOTORWERK Attention JOHN TEE

Officer Incharge KARENT

## **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.