MS FirstCapital
A Member of MS&AD INSURANCE GROUP

MS First Capital Insurance Limited
www.msfirstcapital.com.sg
(UEN 195000106C GST Reg. No. M2-0001676-9)

# MOTOR SURVEY ASSIGNMENT

| | | | |
|---|---|---|---|
| **Date** | 21/11/2024 | **Our Ref No.** | D24010222MFCT |
| **Accident Date** | 19-11-2024 | **Claim Type** | Third Party |
| **Insured Vehicle** | SHA2432Z | **Third Party Vehicle** | SHC5591S |
| **Survey Location** | TRANS-CAB AUTO SERVICES PTE LTD<br>NO. 2 ANG MO KIO STREET 63<br>(S) 569111 | **Contact Person** | Zhewei |
| **Contact No.** | 62876666 | **Fax No.** | 62571330 |

| | | | |
|---|---|---|---|
| **Survey Type** | Without Prejudice | | |
| **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. Estimate

| | | | |
|---|---|---|---|
| **Cc : Workshop** | TRANS-CAB AUTO SERVICES PTE LTD | **Attention** | Zhewei |
| **Officer Incharge** | CHRISLIM | | |

**IMPORTANT NOTE**

Kindly submit the survey report by **email only** to surveyor@msfirstcapital.com.sg within 14 days for survey assignment and 7 days for re-inspection.

**This is a computer generated letter, no signature required.**