

**MOTOR SURVEY ASSIGNMENT** 

**Date** 25/11/2024 **Our Ref No.** D24009756MFCT

Accident Date 03-11-2024 Claim Type Third Party

Insured Vehicle SHD4595H Third Party Vehicle FBV9459L

Survey Location KIVILE ENTERPRISE Contact Person IRENE TOH

BLK 3007 UBI ROAD 7, #01-408

(S) 408701

**Contact No.** 67488645 **Fax No.** 67482533

Survey Type Direct Settlement (Subject to quantum to

be agreed)

Appointed 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.

Cc: Workshop KIVILE ENTERPRISE Attention IRENE TOH

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.