

MOTOR SURVEY ASSIGNMENT

Date	27/06/2024	Our Ref No.	D24005471MFCT
Accident Date	20-06-2024	Claim Type	Third Party
Insured Vehicle	SHC3578U	Third Party Vehicle	FBK4479U
Survey Location	KIVILE ENTERPRISE BLK 3007 UBI ROAD 1 #01-408 (S) 408701	Contact Person	IRENE TOH
Contact No.	67488645	Fax No.	67482533

Survey Type Without Prejudice - no estimate, both parties reported the other party change lane

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. Accident Reports

Cc : Workshop	KIVILE ENTERPRISE	Attention	IRENE TOH
Officer Incharge	JASONTEA		

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.