

MOTOR SURVEY ASSIGNMENT

Date	09/12/2024	Our Ref No.	D24010636MFCT
Accident Date	03-12-2024	Claim Type	Third Party
Insured Vehicle	SHC8936L	Third Party Vehicle	SHB7822T
Survey Location	TRANS-CAB AUTO SERVICES PTE LTD NO. 2 ANG MO KIO STREET 63 (S) 569111	Contact Person	KEK ZHEWEI
Contact No.	62876666	Fax No.	

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 & GIA REPORT

Cc : Workshop	TRANS-CAB AUTO SERVICES PTE LTD	Attention	KEK ZHEWEI
Officer Incharge	KARENT		

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.