

MOTOR SURVEY ASSIGNMENT

Date 28/06/2024 **Our Ref No.** D24005657MFCT

Accident Date 26-06-2024 Claim Type Third Party

Insured Vehicle SHC8595L Third Party Vehicle SNL6382D

Survey Location KY AUTO PTE LTD Contact Person RAYMOND

25 KAKI BUKIT ROAD 4 #05-23 SYNERGY @KB SINGAPORE

417800

Contact No. 80288693 **Fax No.**

Survey Type Without Prejudice

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.

Encl. Accident Reports

Cc: Workshop KY AUTO PTE LTD Attention RAYMOND

Officer Incharge SERENE

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.