SHAN, CELESTIAN

**Contact Person** 



**MOTOR SURVEY ASSIGNMENT** 

**Date** 10/12/2024 **Our Ref No.** D24010793MFBP

Accident Date 08-12-2024 Claim Type Third Party

Insured Vehicle SMB1361L Third Party Vehicle SBS5062P

Survey Location SBS TRANSIT LTD

15 ANG MO KIO ST63 S'PORE

569117

**Contact No.** 65529620 **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.

no attachment

Cc: Workshop SBS TRANSIT LTD Attention SHAN, CELESTIAN

Officer Incharge ESTHER

## **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.