ALEX



MOTOR SURVEY ASSIGNMENT

Date 20/12/2024 **Our Ref No.** D24011148MFCT

Accident Date 19-12-2024 Claim Type Third Party

Insured Vehicle SH7064C Third Party Vehicle SFY310C

Survey Location CARSMITH PRIVATE LIMITED Contact Person

8 KAKI BUKIT AVE 4, #04-35

PREMIER (S) 415875

Contact No. 90910000 **Fax No.**

Survey Type Without Prejudice

NON REPORTING

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: Survey request & TP GIA report

Cc: Workshop CARSMITH PRIVATE LIMITED Attention ALEX

Officer Incharge JOANNEYO

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.