ASHLENE LEE

**Contact Person** 



MOTOR SURVEY ASSIGNMENT

**Date** 20/12/2024 **Our Ref No.** D24011150MFCT

Accident Date 19-12-2024 Claim Type Third Party

Insured Vehicle SHC8674S Third Party Vehicle SHB5925T

Survey Location STRIDES PREMIER

**AUTOMOTIVE SERVICES PTE** 

LTD

23 CHANGI SOUTH AVE 2, #01-

02 (S) 486443

**Contact No.** 65446670 **Fax No.** 62141511

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.

Cc: Workshop STRIDES PREMIER AUTOMOTIVE SERVICES I Attention ASHLENE LEE

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.