

MOTOR SURVEY ASSIGNMENT

Date	24/12/2024	Our Ref No.	D24010880MFCT
Accident Date	10-12-2024	Claim Type	Third Party
Insured Vehicle	SHD7040Y	Third Party Vehicle	SDK11M
Survey Location	RYDER AUTO WORKSHOP 2 KAKI BUKIT AVE 2 #02-19 02-22 @ KAKI BUKIT AUTO HUB(S) 417921	Contact Person	ZEPH @ 84848277
Contact No.	67418277	Fax No.	67468277

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.

PRI REQUEST COVER LETTER

Cc : Workshop	RYDER AUTO WORKSHOP	Attention	ZEPH @ 84848277
Officer Incharge	SERENE		

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.