

MOTOR SURVEY ASSIGNMENT

**Date** 30/12/2024 **Our Ref No.** D25000063MFCT

Accident Date 24-12-2024 Claim Type Third Party

Insured Vehicle SHC2284Z Third Party Vehicle SJW7939G

Survey Location JL PERFECT AUTOWORK PTE Contact Person 8297 9787 / Irene

LTD

8 KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKIT (S)

415875

**Contact No.** 82979787 **Fax No.** 

Survey Type Without Prejudice

Appointed LKK AUTO CONSULTANTS PTE LTD

Surveyor

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.

SURVEY REQUEST

Cc: Workshop JL PERFECT AUTOWORK PTE LTD Attention 8297 9787 / Irene

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.