

MOTOR SURVEY ASSIGNMENT

**Date** 11/06/2024 **Our Ref No.** D24004941MFCT

Accident Date 01-06-2024 Claim Type Third Party

Insured Vehicle SHA8738C Third Party Vehicle SKQ2013E

Survey Location KAH MOTOR CO. SDN. BHD. Contact Person NG SIN HAI

255 ALEXANDRA ROAD S

(159937)

**Contact No.** 90721769 **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.

Encl. Accident Reports & est

Cc: Workshop KAH MOTOR CO. SDN. BHD. Attention NG SIN HAI

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.