

MOTOR SURVEY ASSIGNMENT

**Date** 23/07/2024 **Our Ref No.** D24006316MFVT

Accident Date 19-07-2024 Claim Type Third Party

Insured Vehicle XE2913S Third Party Vehicle SNJ6443Y

Survey Location SM AUTOMOTIVE Contact Person SUKYI CHONG

BLK C, 1 KAKI BUKIT AVENUE 6

#01-43 (S) 417883

**Contact No.** 67479241 **Fax No.** 67417276

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

Cc: Workshop SM AUTOMOTIVE Attention SUKYI CHONG

Officer Incharge ESTHER

## **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.