

### MOTOR SURVEY ASSIGNMENT

**Date** 24/07/2024 **Our Ref No.** D24006340MFQC

**Accident Date** 19-07-2024 **Claim Type** Own Damage

**Insured Vehicle** QY120D **Third Party Vehicle**

**Survey Location** COMFORTDELGRO  
ENGINEERING PTE LTD  
205 BRADDELL ROAD (S)  
579701 **Contact Person** H. JOHARI

**Contact No.** 63837419 **Fax No.**

**Survey Type** Revert for instructions

**Appointed Surveyor** LKK AUTO CONSULTANTS PTE LTD

**Contact Person** **Fax No.** 68416315

**Contact Number** 62563561

**EXCESS APPLICATION FOR OWN DAMAGE CLAIM**  
**ADDITIONAL \$500.00 FOR INSURED VEHICLE INSTALLED WITH CNG TANKER**

Basic	Y/I Driver	Total
\$350	\$0	\$350

**Cc : Workshop** COMFORTDELGRO ENGINEERING PTE LTD **Attention** H. JOHARI  
**Officer Incharge** ESTHER

### IMPORTANT NOTE

Kindly submit the survey report by **email only** to [surveyor@msfirstcapital.com.sg](mailto: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.**