

MOTOR SURVEY ASSIGNMENT

Date 24/07/2024 **Our Ref No.** D24006443MFCT

Accident Date 23-07-2024 Claim Type Third Party

Insured Vehicle SHC7382R Third Party Vehicle SHD6559A

Survey Location BIFROST AUTO PTE LTD Contact Person JANICE

59 LOYANG DRIVE LEVEL 4 ROOM 7 SINGAPORE 508969

11001111 01110711 01112 000000

Contact No. 62436687 **Fax No.**

Survey Type Without Prejudice

Submit the est.

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 BIFROST AUTO PTE LTD Attention JANICE

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.