

MOTOR SURVEY ASSIGNMENT

Date	26/07/2024	Our Ref No.	D24006463MFVS
Accident Date	22-07-2024	Claim Type	Third Party
Insured Vehicle	XE1144B	Third Party Vehicle	SLM7026U
Survey Location	TROPICAL SUCCESS AUTO CARE BLK 5032 ANG MO KIO IND PARK 2, #01-303 (S) 569535	Contact Person	CALVIN
Contact No.	64817773	Fax No.	

Survey Type Without Prejudice - Please ask the workshop for estimate then write to Serene for DS

Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
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.

Cc : Workshop	TROPICAL SUCCESS AUTO CARE	Attention	CALVIN
Officer Incharge	JASONTEA		

IMPORTANT NOTE

Kindly submit the survey report by **email only** to 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.