

MOTOR SURVEY ASSIGNMENT

Date 29/07/2024 **Our Ref No.** D24006539MFCT

Accident Date 26-07-2024 Claim Type Third Party

Insured Vehicle SHB4673B Third Party Vehicle SGS6622H

Survey Location CARSMITH PRIVATE LIMITED Contact Person ALEX

8 KAKI BUKIT AVE 4 #04-35

PREMIER (S) 415875

Contact No. 90910000 **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.

SURVEY REQUEST

Cc: Workshop CARSMITH PRIVATE LIMITED Attention ALEX

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.