

MOTOR SURVEY ASSIGNMENT

**Date** 30/07/2024 **Our Ref No.** D24006552MFCT

Accident Date 26-07-2024 Claim Type Third Party

Insured Vehicle SHC3155G Third Party Vehicle SMC3179D

Survey Location BETHLEHEM AUTO Contact Person -

BLK 5035 ANG MO KIO

INDUSTRIAL PARK 2, #01-371

(S) 569538

**Contact No.** 82996103 **Fax No.** 

**Survey Type** Direct Settlement - Subject to quantum to

be agreed

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.

Cc: Workshop BETHLEHEM AUTO Attention -

Officer Incharge KARENT

## **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.