

MOTOR SURVEY ASSIGNMENT

**Date** 31/07/2024 **Our Ref No.** D24006477MFCT

Accident Date 24-07-2024 Claim Type Third Party

Insured Vehicle SHC2450K Third Party Vehicle FBR6522C

Survey Location KIVILE ENTERPRISE Contact Person IRENE TOH - 6748 86

BLK 3007 UBI ROAD 1 #01-408

(S) 408701

**Contact No.** 67488645 **Fax No.** 

Survey Type Without Prejudice

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 KIVILE ENTERPRISE Attention IRENE TOH - 6748 86

Officer Incharge SERENE

## **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.