DARREN NG

**Contact Person** 



MOTOR SURVEY ASSIGNMENT

**Date** 01/08/2024 **Our Ref No.** D24006680MFCT

Accident Date 30-07-2024 Claim Type Third Party

Insured Vehicle SHB6617B Third Party Vehicle SME2325U

Survey Location TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-24 PAYA

UBI INDUSTRIAL PARK (S)

408934

**Contact No.** 68442475 **Fax No.** 

**Survey Type** Without Prejudice - No Estimate, No Video

**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.

SURVEY REQUEST

Cc: Workshop TEAMWORK GARAGE PTE LTD Attention DARREN NG

Officer Incharge JASONTEA

## **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.