

MOTOR SURVEY ASSIGNMENT

Date	05/08/2024	Our Ref No.	D24006795MFCT
Accident Date	30-07-2024	Claim Type	Third Party
Insured Vehicle	SHB3047R	Third Party Vehicle	SNC2768Z

Survey Location	AUTOMOBILE INTEGRATED MANAGEMENT PTE LTD 3021A UBI ROAD 1 #01-42 (SG) 408715	Contact Person	YOKE TENG
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Contact No.	91198371	Fax No.	
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Survey Type Without Prejudice
SUBMIT ESTIMATE

Appointed Surveyor LKK AUTO CONSULTANTS PTE LTD

Contact Person		Fax No.	68416315
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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 AUTOMOBILE INTEGRATED MANAGEMENT P **Attention** YOKE TENG
Officer Incharge JOANNEYO

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.