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Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date 05-12-2019 **Our Ref No.** D19007701MFSH

Accident Date 03-12-2019 Claim Type. Third Party

Insured Vehicle SHB6727S Third Party Vehicle. SMM1497X

Survey Location C/O 176 SIN MING DRIVE #02-01

Contact Person. WK CHEW

Contact No. 64528211/0 **Fax No.** 64517420

Survey Type WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

Appointed

Surveyor LKK AUTO CONSULTANTS PTE LTD

Contact Person NA Fax No. 68416315

Contact Number. NA

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.

THIRD PARTY SURVEY REQUEST

Cc : WorkshopAUTOWORX HOUSEAttention. NILCc : TP SolicitorNATP Solicitor Fax No. NA

Officer Incharge JOANNEY

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.