

MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

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 Our Ref No. D19007743MFSH 06-12-2019

Accident Date 05-12-2019 Claim Type. Third Party

Insured Vehicle Third Party Vehicle. SME9396T SHB2306A

Survey Location 247 ALEXANDRA ROAD

Contact Person. CHARMAINE KONG

Contact No. Fax No. 64743643 63057176/63057299

WITHOUT PREJUDICE: **Survey Type**

Appointed

LKK AUTO CONSULTANTS PTE LTD Surveyor

Contact Person NA **Fax No.** 68416315

NA **Contact Number.**

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

VOLKSWAGEN CENTRE Attention. NIL Cc: Workshop

SINGAPORE

Cc: TP Solicitor TP Solicitor Fax No. NA NA

Officer Incharge MERINA CHIA SAN SAN

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.