

**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** 16-12-2019 **Our Ref No.** D19007905MFSH

Accident Date 13-12-2019 Claim Type. Third Party

Insured Vehicle SHC2080U Third Party Vehicle. SKF9399D

Survey Location 15 UBI ROAD 4
Contact Person. YOU PO SOON

**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 : Workshop KAH MOTOR CO SDN Attention. NIL

BHD

Cc : TP Solicitor NA TP Solicitor Fax No. NA

Officer Incharge MAY CHUA

## **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.