

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 24-12-2019 **Our Ref No.** D19008090MFSH

Accident Date 19-12-2019 Claim Type. Third Party

Insured Vehicle SHD6939L Third Party Vehicle. GBJ2074Y

Survey Location 160 SIN MING DRIVE #02-20SIN MING AUTOCITY

Contact Person. SANDRA

Contact No. 64527018/ 96222116 **Fax No.** 0

Survey Type
WITHOUT PREJUDICE: LIABILITY NOT CLEAR, PLEASE ASK WORKSHOP TO

FORWARD VIDEO IF ANY TO US

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 K. KIM HIN AUTO PTE Attention. NIL

LTD

Cc : TP Solicitor NA TP Solicitor Fax No. NA

Officer Incharge JASON TEA CHEE KIAT

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.