

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 14-01-2020 **Our Ref No.** D20000360MFSH

Accident Date 11-01-2020 Claim Type. Third Party

Insured Vehicle SHD6897Z Third Party Vehicle. SLB3823U

Survey Location 1094 LOWER DELTA ROAD MOTORWAY BUILDING

Contact Person. ANNIE TEW

Contact No. 65719642/0 **Fax No.** 62785535

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 MOTORWAY CAR CARE
Attention. NIL

CENTRE PTE LTD

Cc : TP Solicitor NA TP 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.