

**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** 19-02-2020 **Our Ref No.** D20001100MFSH

Accident Date 19-02-2020 Claim Type. Third Party

Insured Vehicle SHC8496P Third Party Vehicle. SMP7237A

Survey Location BLK 3007 UBI ROAD 1 #01-406

Contact Person. BRIDGET POH

**Contact No.** 67431913/0 **Fax No.** 0

**Survey Type** 

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 JOO HAK KEE AUTO PTE Attention. NIL

LTD

Cc: TP Solicitor NA TP Solicitor Fax No. NA

Officer Incharge KARENT

## **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.