MS FirstCapital

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
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# MOTOR SURVEY ASSIGNMENT

| | | | |
|---|---|---|---|
| **Date** | 13-03-2020 | **Our Ref No.** | D20001471MFSH |
| **Accident Date** | 12-03-2020 | **Claim Type.** | Third Party |
| **Insured Vehicle** | SH9616Y | **Third Party Vehicle.** | SMK573B |
| **Survey Location** | 303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE | | |
| **Contact Person.** | CAROLINE | | |
| **Contact No.** | 63190174/ 0 | **Fax No.** | 64794601 |
| **Survey Type** | DIRECT SETTLEMENT: | | |
| **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** | PERFORMANCE MOTORS LIMITED | **Attention.** | NIL |
| **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.