

**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

Attention. NIL

## MOTOR SURVEY ASSIGNMENT

**Date** 20-03-2020 **Our Ref No.** D20001584MFSH

Accident Date 20-03-2020 Claim Type. Third Party

Insured Vehicle SHB3040J Third Party Vehicle. SLH650P

Survey Location 176 SIN MING DRIVE #03-14SIN MING AUTOCARE COMPLEX

Contact Person. LILY/LI HUI (TEL; 64539622)

**Contact No.** 64550012/0 **Fax No.** 65540012

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 COMPLETE VMS PTE

LTD

Cc : TP Solicitor NA TP Solicitor Fax No. NA

Officer Incharge RACHELWU LIMEI

## **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.