

**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** 08-05-2020 **Our Ref No.** D20002076MFSH

Accident Date 25-04-2020 Claim Type. Third Party

Insured Vehicle SHA1689G Third Party Vehicle. SLV1533P

Survey Location 9A SERANGOON NORTH AVENUE 5

Contact Person. SHARON TEN (MS.)

**Contact No.** 64811522/0 **Fax No.** 64811011

Survey Type
WITHOUT PREJUDICE: ASK WORKSHOP FOR VIDEO OF ACCIDENT AND

FORWARD TO ME - JASON TEA

**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 : WorkshopOPTIMA WERKZ PTE LTDAttention. NILCc : TP SolicitorNATP 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.