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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 13-05-2020 **Our Ref No.** D20002128MFSH

Accident Date 12-05-2020 Claim Type. Third Party

Insured Vehicle SHD3307E Third Party Vehicle. SHB4140Y

Survey Location BLK 9 SECTOR C #01-42, SIN MING INDUSTRIAL ESTATE,

Contact Person. LIM / MS LEE

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 : WorkshopBIFROST AUTO PTE LTDAttention. NILCc : TP SolicitorNATP 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.