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
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	02-06-2020	**Our Ref No.**	D20002290MFSH
Accident Date	30-05-2020	**Claim Type.**	Third Party
Insured Vehicle	SH9126U	**Third Party Vehicle.**	SJY3925L
Survey Location	9A SERANGOON NORTH AVE 5		
Contact Person.	SHARON TEN (MS.)		
Contact No.	64811522/ 0	**Fax No.**	64811011
Survey Type	WITHOUT PREJUDICE:		
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	OPTIMA WERKZ PTE LTD	**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.