

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 Our Ref No. D20002951MFSH 27-07-2020

Accident Date 26-07-2020 Claim Type. Third Party

Insured Vehicle Third Party Vehicle. SJS8642B SHB3090P

Survey Location 160, SIN MING DRIVE #05-08 SIN MING AUTOCITY

Contact Person. MDM LIM

Contact No. Fax No. 64557754 64536256/0

WITHOUT PREJUDICE: NO EST. COR **Survey Type**

Appointed

LKK AUTO CONSULTANTS PTE LTD Surveyor

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

KUM CHEW MOTOR Cc: Workshop Attention. NIL

WORKSHOP

Cc: TP Solicitor TP Solicitor Fax No. NA NA

Officer Incharge **WOO JUN KIATERIC**

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.