

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 07-09-2020 **Our Ref No.** D20003600MFSH

Accident Date 31-08-2020 Claim Type. Third Party

Insured Vehicle SHD3016U Third Party Vehicle. SFJ6922B

Survey Location 10 ANG MO KIO INDUSTRIAL PARK 2A #04-04 AMK AUTOPOINT

Contact Person. ELEANOR

Contact No. 64833353/ 0 **Fax No.** 64842457

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 : WorkshopLYE DESIGNSAttention. NILCc : TP SolicitorVISION LAW LLCTP Solicitor Fax No. NA

Officer Incharge CHRIS LIM

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.