

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 19-10-2020 **Our Ref No.** D20004228MFSH

Accident Date 16-10-2020 Claim Type. Third Party

Insured Vehicle SHD8536C Third Party Vehicle. SMP9076J

Survey Location BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08

Contact Person. AVRIL HO

Contact No. 62723892/0 **Fax No.** 62708314

Survey Type DIRECT SETTLEMENT:

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 MOVA AUTOMOTIVE PTE Attention. NIL

LTD

Cc : TP Solicitor NA TP Solicitor Fax No. 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.