

**MOTOR SURVEY ASSIGNMENT** 

**Date** 27/10/2020 **Our Ref No.** D20004310MFSH

Accident Date 20-10-2020 Claim Type Third Party

Insured Vehicle SHB4932D Third Party Vehicle SMT9868U

Survey Location 1ST MOTOR PRO PTE LTD Contact Person MS SHARON/MR YIF

48 TOH GUAN ROAD EAST, ENTERPRISE HUB, #05-139,

C/600506)

S(608586)

**Contact No.** 91826686 **Fax No.** 

Survey Type Without Prejudice

Appointed LKK AUTO CONSULTANTS PTE LTD

Surveyor LKK AUTO CONSULTANTS PTE LTL

Contact Person Fax No. 68416315

Contact Number 62563561

## 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.

Encl. Accident Reports

Cc: Workshop 1ST MOTOR PRO PTE LTD Attention MS SHARON/MR YIFE

Officer Incharge MERINA

## **IMPORTANT NOTE**

Kindly submit the survey report by **email only** to <u>surveyor@msfirstcapital.com.sg</u> within 14 days for survey assignment and 7 days for re-inspection.