

**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** 23-11-2020 **Our Ref No.** D20004770MFSH

Accident Date 20-11-2020 Claim Type. Third Party

Insured Vehicle SHB2120T Third Party Vehicle. SKV6650M

Survey Location 48 TOH GUAN RD EAST ENTERPRISE HUB01-119, GOLD AUTO WORKS

Contact Person. MR ZORON KOHOR OR JESS CHUA AT 8778-9382

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 GOLD AUTO WORKS

Attention. NIL

PTE 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.