

**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** 29-12-2020 **Our Ref No.** D21000040MFSH

Accident Date 27-12-2020 Claim Type. Third Party

Insured Vehicle SHA4247D Third Party Vehicle. SMM4033G

Survey Location 247 ALEXANDRA ROAD

Contact Person. PEARLYN CHEONG

**Contact No.** 63057288/0 **Fax No.** 6474364

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 VOLKSWAGEN CENTRE
Attention. NIL

SINGAPORE

Cc : TP Solicitor NA TP 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.