

**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** 31-12-2020 **Our Ref No.** D21000065MFSH

Accident Date 30-12-2020 Claim Type. Third Party

Insured Vehicle SHB2151D Third Party Vehicle. SJH9830B

**Survey Location** 25, LENG KEE ROAD.

Contact Person. SAYEDINAH ALI

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 : WorkshopTC AUTOCLINIC PTE LTDAttention. NILCc : TP SolicitorNATP Solicitor Fax No. NA

Officer Incharge MERINA CHIA SAN SAN

## **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.