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.**	D21000068MFSH
Accident Date	29-12-2020	**Claim Type.**	Third Party
Insured Vehicle	SHC7615U	**Third Party Vehicle.**	SLR6784U
Survey Location	BLK 1009 #01-90 BUKIT MERAH LANE 3		
Contact Person.	JULIA WONG		
Contact No.	62730119/ 0	**Fax No.**	0
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	SHU FATT AUTO WORKS	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP 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.