

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 23-04-2021 **Our Ref No.** D21001307MFCV

Accident Date 22-04-2021 Claim Type. Third Party

Insured Vehicle GBF2774G Third Party Vehicle. SJS4876U

Survey Location NO. 10 ANG MO KIO IND PARK 2A #01-09 AMK AUTOPOINT

Contact Person. ZILA

Contact No. 64836170/000000 **Fax No.** 64836170

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

COMPANY Attention. NIL

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.