

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 Our Ref No. D21001443MFVS 07-05-2021

Accident Date 06-05-2021 Claim Type. Third Party

Insured Vehicle Third Party Vehicle. XE2068G XD4764Y

Survey Location NO.38 DEFU LANE SINGAPORE 539278

Contact Person. MR GOH

Contact No. Fax No. 62893336 62823336/0

WITHOUT PREJUDICE: **Survey Type**

Appointed

LKK AUTO CONSULTANTS PTE LTD Surveyor

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 Attention. NIL VEHICLE REPAIRER

MAH LIAN MOTOR

Cc: TP Solicitor TP Solicitor Fax No. NA 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.