

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 17-05-2021 **Our Ref No.** D21001519MFCV

Accident Date 13-05-2021 Claim Type. Third Party

Insured Vehicle GBJ913P Third Party Vehicle. SGN7890U

Survey Location BLK 3022A UBI ROAD 1 #01-45/46 SINGAPORE 408716

Contact Person. PEI WEN NG

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 PROGRESSIVE CAR
Attention. NIL

CARE PTE LTD

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.