

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 08-07-2021 **Our Ref No.** D21001999MFVS

Accident Date 07-07-2021 Claim Type. Third Party

Insured Vehicle XD2787U Third Party Vehicle. SH8990Y

Survey Location #01-42 SIN MING INDUSTRIAL ESTATE (S) 575644

Contact Person. MS LIM / MS LEE / WILSON

Contact No. 62436687/ 62436687 **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 : WorkshopBIFROST AUTO PTE LTDAttention. NILCc : TP SolicitorNATP Solicitor Fax No. NA

JACLYN KESAVAL

Officer Incharge MANIAM

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.