

**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** 09-07-2021 **Our Ref No.** D21002001MFBP

Accident Date 08-07-2021 Claim Type. Third Party

Insured Vehicle SBS3359Y Third Party Vehicle. SHD323C

Survey Location NO.2 ANG MO KIO STREET 63

Contact Person. KEK ZHEWEI

**Contact No.** 62876666/ 62876666 **Fax No.** 62571330

**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 TRANS-CAB SERVICES
Attention. NIL

PTE LTD

Cc : TP Solicitor NA TP Solicitor Fax No. NA

Officer Incharge RACHELWU LIMEI

## **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.