

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

Our Ref No. D21002024MFCV **Date** 12-07-2021

Accident Date 11-07-2021 Claim Type. Third Party

Insured Vehicle Third Party Vehicle. SMN8397A YN9201H

Survey Location BLK 8 SIN MING ROAD #01-58/60/62 SIN MING IND EST

Contact Person. VERONICA

Contact No. 64531235/64531235 Fax No. 0

WITHOUT PREJUDICE: ACCIDENT NOT REPORTED: TO VERIFY TP **Survey Type**

DAMAGE CONSISTENCY

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 CITY AUTO PTE LTD Attention. NIL Cc: TP Solicitor TP Solicitor Fax No. NA

NA

SANGHILAN VIC ALPEH Officer Incharge

SUMAGANG

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.