

MOTOR SURVEY ASSIGNMENT

**Date** 05/10/2021 **Our Ref No.** D21002781MFCV

Accident Date 30-09-2021 Claim Type Third Party

Insured Vehicle GBC6467H Third Party Vehicle GBF6094J

Survey Location HALLAND MOTOR SERVICE Contact Person ROGER

1 KAKI BUKIT AVENUE 5 #02-

24(S) 417883

**Contact No.** 98800121 **Fax No.** 

Survey Type Without Prejudice

Appointed LKK AUTO CONSULTANTS PTE LTD

Surveyor

Contact Person Fax No. 68416315

Contact Number 62563561

## 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.

PRI

Cc: Workshop HALLAND MOTOR SERVICE Attention ROGER

Cc: TP Solicitor KARENT

Officer Incharge

## **IMPORTANT NOTE**

Kindly submit the survey report by **email only** to <u>surveyor@msfirstcapital.com.sg</u> within 14 days for survey assignment and 7 days for re-inspection.