SUHAIMI



MOTOR SURVEY ASSIGNMENT

**Contact Person** 

**Date** 11/10/2021 **Our Ref No.** D21002818MFCV

Accident Date 07-10-2021 Claim Type Third Party

Insured Vehicle GBL469U Third Party Vehicle SKT2070Z

Survey Location PERFORMANCE MOTORS

LIMITED

303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE (S) 159941

**Contact No.** 63190175 **Fax No.** 0

Survey Type Without Prejudice

**Appointed** 

Surveyor

LKK AUTO CONSULTANTS PTE LTD

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.

Encl. Accident Reports & Estimate

Cc: Workshop PERFORMANCE MOTORS LIMITED Attention SUHAIMI

Officer Incharge ERICWOO

## **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.

This is a computer generated letter, no signature required.