MS FirstCapital
A Member of MS&AD INSURANCE GROUP

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	01/12/2021	**Our Ref No.**	D21003329MFBP
Accident Date	29-11-2021	**Claim Type**	Third Party
Insured Vehicle	SBS3366B	**Third Party Vehicle**	SHD9769R
Survey Location	TRANS-CAB AUTO SERVICES PTE LTD NO. 2 ANG MO KIO STREET 63 (S) 569111	**Contact Person**	KEK ZHEWEI
Contact No.	62876666	**Fax No.**	62571330

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.

No estimate provided

Cc : Workshop	TRANS-CAB AUTO SERVICES PTE LTD	**Attention**	KEK ZHEWEI
Officer Incharge	RACHELWU		

IMPORTANT NOTE

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

This is a computer generated letter, no signature required.