

MOTOR SURVEY ASSIGNMENT

**Date** 28/12/2021 **Our Ref No.** D21003541MFCV

Accident Date 27-12-2021 Claim Type Third Party

Insured Vehicle YN3186H Third Party Vehicle SJH699Z

Survey Location AUTOMOTIVE REPAIR CENTRE Contact Person KEN GUAN

PTE LTD

48 TOH GUAN ROAD EAST #02-

146 SINGAPORE 680586

**Contact No.** 86153288 **Fax No.** 0

Survey Type Without Prejudice

Appointed 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 AUTOMOTIVE REPAIR CENTRE PTE LTD Attention KEN GUAN

Officer Incharge KARENT

## **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.