

MOTOR SURVEY ASSIGNMENT

**Date** 14/01/2022 **Our Ref No.** D22000165MFCV

Accident Date 13-01-2022 Claim Type Third Party

Insured Vehicle GBE7691J Third Party Vehicle SKG3527K

Survey Location XIN YUN AUTO PRIVATE Contact Person YI XIN

LIMITED

BLK 8 KAKI BUKIT AVE 4 #05-23 PREMIER @ KAKI BUKIT (S)

415675

**Contact No.** 98391555 **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.

SURVEY REQUEST

Cc: Workshop XIN YUN AUTO PRIVATE LIMITED Attention YI XIN

Cc: TP Solicitor S L LAW CHAMBERS TP Solicitor Fax No 69096246

Officer Incharge ESTHER

## **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.