DARREN/SHU SHAN



**MOTOR SURVEY ASSIGNMENT** 

**Contact Person** 

**Date** 11/02/2022 **Our Ref No.** D22000398MFCV

Accident Date 09-02-2022 Claim Type Third Party

Insured Vehicle GBA9523U Third Party Vehicle FBP3260M

Survey Location KARZ WORKS PTE LTD

53 UBI AVENUE 1 #01-34 PAYA

UBI INDUSTRIAL PARK (S)

408934

**Contact No.** 68442475 **Fax No.** 

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

Cc: Workshop KARZ WORKS PTE LTD

Attention DARREN/SHU SHAN

Officer Incharge CHRISLIM

## **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.