

**MOTOR SURVEY ASSIGNMENT** 

**Date** 17/02/2022 **Our Ref No.** D22000466MFCV

Accident Date 15-02-2022 Claim Type Third Party

Insured Vehicle YN3263T Third Party Vehicle SLR9606G

Survey Location SHU FATT AUTO WORKS Contact Person CONNIE WONG

BLK 1009 #01-90 BUKIT MERAH

LANE 3 (S) 159723

**Contact No.** 62730119 **Fax No.** 0

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.

**EMAIL** 

Cc: Workshop SHU FATT AUTO WORKS Attention CONNIE WONG

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.