SHI YING



MOTOR SURVEY ASSIGNMENT

**Contact Person** 

**Date** 26/04/2022 **Our Ref No.** D22001235MVPC

Accident Date 23-04-2022 Claim Type Own Damage

Insured Vehicle SMT4131U Third Party Vehicle

Survey Location KIM CHWEE AUTO PTE LTD

1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE

417883

**Contact No.** 67465405 **Fax No.** 0

Survey Type Revert for instructions

**Appointed** 

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person Fax No. 68416315

Contact Number 62563561

## EXCESS APPLICATION FOR OWN DAMAGE CLAIM ADDITIONAL \$500.00 FOR INSURED VEHICLE INSTALLED WITH CNG TANKER

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Basic	Y/I Driver	Total
\$950	\$0	\$950

Encl. Accident Reports & Estimate \$13,211.35

Cc: Workshop KIM CHWEE AUTO PTE LTD Attention SHI YING

Officer Incharge VICALPEH

## **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.