

MOTOR SURVEY ASSIGNMENT

**Date** 27/07/2022 **Our Ref No.** D22002297MCVP

Accident Date 26-07-2022 Claim Type Third Party

Insured Vehicle GBE2009M Third Party Vehicle SLL1483C

Survey Location PRECISE AUTO SERVICE Contact Person ARINE

NO. 1 KAKI BUKIT AVE 6 #02-

34/36 (S) 417883

**Contact No.** 67457367 **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 PRECISE AUTO SERVICE Attention ARINE

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.