

MOTOR SURVEY ASSIGNMENT

**Date** 09/11/2022 **Our Ref No.** D22003367MFCV

Accident Date 26-10-2022 Claim Type Third Party

Insured Vehicle GBD136Y Third Party Vehicle SJS6065E

Survey Location AUTO INSURE PTE LTD Contact Person MR. SIEW

6 MARSILING LANE (S) 739145

Contact No. 31572631 Fax No.

Survey Type Without Prejudice

Appointed 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 AUTO INSURE PTE LTD Attention MR. SIEW

Officer Incharge RACHELWU

## **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.