

MOTOR SURVEY ASSIGNMENT

Date	13/04/2023	Our Ref No.	D23001269MFCV
Accident Date	12-04-2023	Claim Type	Third Party
Insured Vehicle	GBB6394P	Third Party Vehicle	SHB9921C
Survey Location	TRANS-CAB AUTO SERVICES PTE LTD NO. 2 ANG MO KIO STREET 63 (S) 569111	Contact Person	KEK ZHEWEI
Contact No.	62876666	Fax No.	62877764

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 TRANS-CAB AUTO SERVICES PTE LTD **Attention** KEK ZHEWEI
Officer Incharge CHRISLIM

IMPORTANT NOTE

Kindly submit the survey report by **email only** to surveyor@msfirstcapital.com.sg within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.