

**MOTOR SURVEY ASSIGNMENT**

**Date** 12/04/2023 **Our Ref No.** D23001150MFCV  
**Accident Date** 31-03-2023 **Claim Type** Own Damage  
**Insured Vehicle** YN6975C **Third Party Vehicle**

**Survey Location** CYCLE & CARRIAGE  
INDUSTRIES PTE LTD  
209 PANDAN GARDENS  
S(609339) **Contact Person** PHILIP CHEONG

**Contact No.** 91865300 **Fax No.**

**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**

Basic	Y/I Driver	Total
\$750	\$0	\$750

Encl. Accident Reports & est

**Cc : Workshop** CYCLE & CARRIAGE INDUSTRIES PTE LTD **Attention** PHILIP CHEONG  
**Officer Incharge** RACHELWU

**IMPORTANT NOTE**

Kindly submit the survey report by **email only** to [surveyor@msfirstcapital.com.sg](mailto: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.