

MOTOR SURVEY ASSIGNMENT

Date 02/10/2024 **Our Ref No.** D24008638MFCT

Accident Date 29-09-2024 Claim Type Third Party

Insured Vehicle SHA7198S Third Party Vehicle ET9822X

Survey Location EUROKARS Contact Person WONG CHUN WEI

5 UBI CLOSE (S) 408065

Contact No. 63310680 **Fax No.**

Survey Type Direct Settlement

But with quantum to be agreed

Appointed LKK AUTO CONSULTANTS PTE LTD

Contact Person Fax No. 68416315

Contact Number 62563561

Surveyor

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 & Estimate

Cc: Workshop EUROKARS Attention WONG CHUN WEI

Officer Incharge JOANNEYO

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.