

MOTOR SURVEY ASSIGNMENT

Date	21/10/2024	Our Ref No.	D24009230MFCT
Accident Date	17-10-2024	Claim Type	Third Party
Insured Vehicle	SHC1062D	Third Party Vehicle	SMW8885K

Survey Location	TRANS EUROKARS PTE LTD EUROKARS CENTRE 12 SUNGEI KADUT AVE (S) 729648	Contact Person	JOSEPH TEE
Contact No.	89303879	Fax No.	

Survey Type Direct Settlement
But with quantum to be agreed

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 & Estimate

Cc : Workshop	TRANS EUROKARS PTE LTD	Attention	JOSEPH TEE
Officer Incharge	JOANNEYO		

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.