

MOTOR SURVEY ASSIGNMENT

Date 28/10/2024 **Our Ref No.** D24009460MFCT

Accident Date 25-10-2024 Claim Type Third Party

Insured Vehicle SH9860H Third Party Vehicle SNK3395S

Survey Location EUROKARS GROUP Contact Person MS OH HUI WEN

11 KUNG CHONG ROAD,

S(159147)

Contact No. 81212923 **Fax No.**

Survey Type Without Prejudice - Liability clear

Est. COR \$7,625.15

Appointed LKK AUTO CONSULTANTS PTE LTD

Surveyor LKK AUTO CONSULTANT

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 & est

Cc: Workshop EUROKARS GROUP Attention MS OH HUI WEN

Officer Incharge SERENE

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.