

MOTOR SURVEY ASSIGNMENT

Date	05/11/2024	Our Ref No.	D24009457MFCT
Accident Date	25-10-2024	Claim Type	Third Party
Insured Vehicle	SHD8806Z	Third Party Vehicle	SLD8621S

Survey Location	TRANS EUROKARS PTE LTD 5 UBI CLOSE SINGAPORE 408605	Contact Person	WONG CHUNN WEI
Contact No.	63310680	Fax No.	

Survey Type Direct Settlement
But 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. Estimate & GIA REPORT

Cc : Workshop	TRANS EUROKARS PTE LTD	Attention	WONG CHUNN WEI
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.