

### MOTOR SURVEY ASSIGNMENT

<b>Date</b>	11/11/2024	<b>Our Ref No.</b>	D24009874MFCT
<b>Accident Date</b>	08-11-2024	<b>Claim Type</b>	Third Party
<b>Insured Vehicle</b>	SHA9227D	<b>Third Party Vehicle</b>	SMZ666M
<b>Survey Location</b>	EUROKARS GROUP 11 KUNG CHONG ROAD (S) 159147	<b>Contact Person</b>	OH HUI WEN
<b>Contact No.</b>	63602484	<b>Fax No.</b>	

**Survey Type** Without Prejudice, please let us have your video for review on liability.

<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD		
<b>Contact Person</b>		<b>Fax No.</b>	68416315
<b>Contact Number</b>	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

<b>Cc : Workshop</b>	EUROKARS GROUP	<b>Attention</b>	OH HUI WEN
<b>Officer Incharge</b>	JASONTEA		

### 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.**