

MOTOR SURVEY ASSIGNMENT

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|---------------------------|----------------------------------|--------------------------------------|
| Date | 02-06-2020 | Our Ref No. D20002288MFSH |
| Accident Date | 01-06-2020 | Claim Type. Third Party |
| Insured Vehicle | SHD4330E | Third Party Vehicle. SKQ3661C |
| Survey Location | 36 ROBINSON RD #16-01 CITY HOUSE | |
| Contact Person. | RONALD YAP | |
| Contact No. | 0/ 97550313 | Fax No. 0 |
| Survey Type | WITHOUT PREJUDICE: | |
| Appointed Surveyor | LKK AUTO CONSULTANTS PTE LTD | |
| Contact Person | NA | Fax No. 68416315 |
| Contact Number. | NA | |

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.

THIRD PARTY SURVEY REQUEST

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|--------------------------|------------------------|--------------------------------|
| Cc : Workshop | TRANS EUROKARS PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | MAY CHUA | |

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.