

MOTOR SURVEY ASSIGNMENT

Date	16-07-2020	Our Ref No. D20002814MFSH
Accident Date	14-07-2020	Claim Type. Third Party
Insured Vehicle	SHC0710Z	Third Party Vehicle. SW98Y
Survey Location	EUROKARS CENTRE 12 SUNGEI KADUT AVE/5 UBI CLOSE	
Contact Person.	RONALD YAP	
Contact No.	0/ 96644831	Fax No. 0
Survey Type	DIRECT SETTLEMENT: PROCEED WITH EXPRESS SETTLEMENT QUANTUM TO BE AGREED	
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

Cc : Workshop	TRANS EUROKARS PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	WOO JUN KIATERIC	

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.