

**MOTOR SURVEY ASSIGNMENT****Date** 02-10-2020 **Our Ref No.** D20004000MFSH**Accident Date** 30-09-2020 **Claim Type.** Third Party**Insured Vehicle** SH7660G **Third Party Vehicle.** SMT1284G**Survey Location** 27A TANJONG PENJURU**Contact Person.** JESS FRANCIS CARLOS**Contact No.** 0/ 81289802 **Fax No.** 0**Survey Type** WITHOUT PREJUDICE: PLEASE VERIFY DAMAGE CONSISTENCY AND GET IN TP VIDEO AND WRITE TO VIC FOR ES**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** SANGHILAN VIC ALPEH  
SUMAGANG**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.