

SERVICE REQUEST FORM (SRF)

Pls. return by FAX / EMAIL

M/s LKK AUTO CONSULTANTS PTE LTD

51 Ubi Avenue 1 #01-25
Paya Ubi Industrial Park
Singapore 408933
Tel: 6256 3561 Fax: 6256 4315

Dear Sir/Madam,

Our Reference : ARS.JJP.PI.kk.2024 .
Vehicle No(s). : JUY 5236 .
Accident Date : 28.07.2022 .

We refer to the above matter.

We/I confirmed to appoint your company to conduct a **Damage Assessment** as details mentioned above and agreed to pay the professional fees.

We/I agreed to prepare payment in order not to cause delay in releasing the report once it is completed.

Professional Fees : \$381.50 (with GST) and
Towing charges at cost (Based on receipt)

Company Name : _____

Company Stamp & : _____
Authorized Signature

Date : 02.10.2024

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Witness: (for LKK Auto Consultants Pte Ltd)

Name: _____ Signature: _____