

SERVICE REQUEST FORM (SRF)

Pls. return by FAX / EMAIL

M/s LKK AUTO CONSULTANTS PTE LTD
51 Ubi Avenue 1 #02-25
Paya Ubi Industrial Park
Singapore 408933
Tel: 6256 3561 Fax: 6256 4315

Dear Sir/Madam,

MC/DC Suit No. :
Vehicle No(s). : SLW 4541R
Accident Date : 02/03/2024

We refer to the above matter.

We/I confirmed to appoint your company to conduct a **Physical Re-inspection** 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 : \$272.50 (inclusive of 9% GST)

Company Name : ComLaw LLC

Company Stamp & Authorized Signature :



Date :

28/10/2024

ComLaw LLC
64 Cecil Street
#06-01 IOB Building
Singapore 049711
Tel : 65381221
Fax : 65387890

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Witness: (for LKK Auto Consultants Pte Ltd)

Name: _____ **Signature:** _____