

MOTOR SURVEY ASSIGNMENT

Date	02-04-2018	Our Ref No. D18002608MFSH
Accident Date	28-02-2018	Claim Type. Third Party
Insured Vehicle	SHB3145R	Third Party Vehicle. SKD5266R
Survey Location	BLK 1 SIN MING IND. EST. SECTOR C #01-101	
Contact Person.	CHRISTINA LIM	
Contact No.	65525588/ 0	Fax No. 65527750
Survey Type	DIRECT SETTLEMENT:	
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	BCC AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

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.