

MOTOR SURVEY ASSIGNMENT

Date	05-12-2019	Our Ref No. D19007701MFSH
Accident Date	03-12-2019	Claim Type. Third Party
Insured Vehicle	SHB6727S	Third Party Vehicle. SMM1497X
Survey Location	C/O 176 SIN MING DRIVE #02-01	
Contact Person.	WK CHEW	
Contact No.	64528211/ 0	Fax No. 64517420
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY 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	AUTOWORX HOUSE	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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.