

MOTOR SURVEY ASSIGNMENT

Date	09-12-2019	Our Ref No. D19007792MFSH
Accident Date	05-12-2019	Claim Type. Third Party
Insured Vehicle	SHD4207D	Third Party Vehicle. SGU8385T
Survey Location	NO. 8 KAKI BUKIT AVE 4 PREMIER @ KAKI BUKIT#01-49	
Contact Person.	LUCAS	
Contact No.	0/ 81316518	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
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	TORQUE 5 PTE LTD	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.