

MOTOR SURVEY ASSIGNMENT

Date	16-12-2019	Our Ref No. D19007904MFSH
Accident Date	15-12-2019	Claim Type. Third Party
Insured Vehicle	SHB4006C	Third Party Vehicle. SKL9005J
Survey Location	303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE	
Contact Person.	CAROLINE	
Contact No.	63190174/ 0	Fax No. 64794601
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
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	PERFORMANCE MOTORS LIMITED	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.