

MOTOR SURVEY ASSIGNMENT

Date 19-12-2019 **Our Ref No.** D19008017MFSH

Accident Date 18-12-2019 **Claim Type.** Third Party

Insured Vehicle SH9816L **Third Party Vehicle.** GBE2222M

Survey Location BLK K #01-18 PANDAN LOOP
Contact Person. TOH KHAR KIAN
Contact No. 0/ 83987469 **Fax No.** 67744885

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 LI SHENG AUTOMOBILE **Attention.** NIL
TRADING

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.