

MOTOR SURVEY ASSIGNMENT

Date	23-12-2019	Our Ref No. D19008052MFSH
Accident Date	20-12-2019	Claim Type. Third Party
Insured Vehicle	SHB3391X	Third Party Vehicle. YP2101Z
Survey Location	NO 8 TUAS AVE 18 (LEVEL 3)	
Contact Person.	PEI JIN	
Contact No.	6863 9595/ 0	Fax No. 6863 6477
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	SIN SHENG ENGINEERING SERVICES	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

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.