

### MOTOR SURVEY ASSIGNMENT

**Date** 24-12-2019 **Our Ref No.** D19008090MFSH

**Accident Date** 19-12-2019 **Claim Type.** Third Party

**Insured Vehicle** SHD6939L **Third Party Vehicle.** GBJ2074Y

**Survey Location** 160 SIN MING DRIVE #02-20SIN MING AUTOCITY

**Contact Person.** SANDRA

**Contact No.** 64527018/ 96222116 **Fax No.** 0

**Survey Type** WITHOUT PREJUDICE: LIABILITY NOT CLEAR, PLEASE ASK WORKSHOP TO FORWARD VIDEO IF ANY TO US

**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** K. KIM HIN AUTO PTE LTD **Attention.** NIL

**Cc : TP Solicitor** NA **TP Solicitor Fax No.** NA

**Officer Incharge** JASON TEA CHEE KIAT

### 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.