

MOTOR SURVEY ASSIGNMENT

Date	24-12-2019	Our Ref No. D19008103MFSH
Accident Date	18-12-2019	Claim Type. Third Party
Insured Vehicle	SH6470U	Third Party Vehicle. SHB3234S
Survey Location	BLK 10 ANG MO KIO INDUSTRIAL PARK 2AAMK AUTOPOINT #03-19	
Contact Person.	LYNN OR IRENE - 65421726	
Contact No.	65427162/ 0	Fax No. 65426039
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	CHUNNI MOTOR WORK PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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.