

MOTOR SURVEY ASSIGNMENT

Date	02-01-2020	Our Ref No. D20000120MFSH
Accident Date	30-12-2019	Claim Type. Third Party
Insured Vehicle	SH7856J	Third Party Vehicle. SHC1645Y
Survey Location	BLK 10 ANG MO KIO INDUSTRIAL PARK 2AAMK AUTOPOINT #03-19	
Contact Person.	WILLIAM	
Contact No.	64836016/ 0	Fax No. 64836015
Survey Type	DIRECT SETTLEMENT:	
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	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.