

MOTOR SURVEY ASSIGNMENT

Date	07-01-2020	Our Ref No. D20000180MFSH
Accident Date	27-12-2019	Claim Type. Third Party
Insured Vehicle	SHC8350B	Third Party Vehicle. SHA3083R
Survey Location	BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #01-05/06 AMK AUTOPOINT	
Contact Person.	WILLIAM	
Contact No.	64836016/ 0	Fax No. 64836015
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.