

MOTOR SURVEY ASSIGNMENT

Date	08-01-2020	Our Ref No. D20000225MFSH
Accident Date	06-01-2020	Claim Type. Third Party
Insured Vehicle	SHD4190S	Third Party Vehicle. SGT5033J
Survey Location	160 SIN MING DRIVE #02-20SIN MING AUTOCITY	
Contact Person.	SANDRA	
Contact No.	64527018/ 96222116	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	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.