

MOTOR SURVEY ASSIGNMENT

Date	08-01-2020	Our Ref No. D20000244MFSH
Accident Date	06-01-2020	Claim Type. Third Party
Insured Vehicle	SHA1689G	Third Party Vehicle. SMG9204D
Survey Location	330 UBI ROAD 3	
Contact Person.	MARS LER	
Contact No.	67461000/ 0	Fax No. 64875857
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	CYCLE & CARRIAGE - FULCO MOTOR DEALER PTE LTD - (SERVICE)	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.