

MOTOR SURVEY ASSIGNMENT

Date 13-01-2020 **Our Ref No.** D20000318MFSH

Accident Date 10-01-2020 **Claim Type.** Third Party

Insured Vehicle SHC8238T **Third Party Vehicle.** SMQ36D

Survey Location BODY AND PAINT DEPT 249 ALEXANDRA ROAD
Contact Person. RICHMOND HO
Contact No. 64304890/ 91768543 **Fax No.** 0

Survey Type REVERT FOR INSTRUCTIONS:

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 WEARNES AUTOMOTIVE **Attention.** NIL
PTE LTD

Cc : TP Solicitor NA **TP Solicitor Fax No.** NA

Officer Incharge RACHELWU LIMEI

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.