

MOTOR SURVEY ASSIGNMENT

Date	21-01-2020	Our Ref No. D20000525MFSH
Accident Date	19-01-2020	Claim Type. Third Party
Insured Vehicle	SHA9310X	Third Party Vehicle. SDB7851G
Survey Location	30 BUKIT BATOK CRESCENT	
Contact Person.	SELAMATSHAH ZAINAL	
Contact No.	66547519/ 96248656	Fax No. 66547542
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	ETHOZ GROUP LTD	Attention. NIL
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.