

MOTOR SURVEY ASSIGNMENT

Date	22-01-2020	Our Ref No. D20000561MFSH
Accident Date	18-01-2020	Claim Type. Third Party
Insured Vehicle	SHC3819A	Third Party Vehicle. SLE5616Y
Survey Location	19 UBI ROAD 4	
Contact Person.	HAMZAH SA'AD	
Contact No.	67038680/ 96450079	Fax No. 68467483
Survey Type	WITHOUT PREJUDICE: LIABILITY NOT CLEAR, SIDE SWIPE COLLISION	
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	AUTOLUTION INDUSTRIAL PTE LTD	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.