

**MOTOR SURVEY ASSIGNMENT**

**Date** 30-01-2020 **Our Ref No.** D20000707MFSH

**Accident Date** 29-01-2020 **Claim Type.** Third Party

**Insured Vehicle** SHB4138E **Third Party Vehicle.** SMA6196U

**Survey Location** BLK 5033 ANG MO KIO, IND PARK 2 #01-251/259

**Contact Person.** CARMEN LIM

**Contact No.** 65662112/ 87990066 **Fax No.** 62593326

**Survey Type** WITHOUT PREJUDICE: NO EST. PROVIDED

**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** ESTEEM  
PERFORMANCE PTE **Attention.** NIL  
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.