

MOTOR SURVEY ASSIGNMENT

Date	14-02-2020	Our Ref No. D20001012MFSH
Accident Date	12-02-2020	Claim Type. Third Party
Insured Vehicle	SHD3606S	Third Party Vehicle. SMH644X
Survey Location	15 UBI ROAD 4	
Contact Person.	YOU PO SOON	
Contact No.	0/ 96786493	Fax No. 0
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	KAH MOTOR CO SDN BHD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.

*D: 18/5/2020 12.13pm
 P: Mr Liew
 Est: Y
 Veh: Out
 Check liability*