

MOTOR SURVEY ASSIGNMENT

Date	06-01-2020	Our Ref No. D20000167MFSH
Accident Date	04-01-2020	Claim Type. Third Party
Insured Vehicle	SHA1786J	Third Party Vehicle. SLG2992U
Survey Location	385, SIN MING DRIVE (INSIDE VICOM)	
Contact Person.	CARMEN LIM	
Contact No.	65662112/ 87990066	Fax No. 62593326
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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 LTD	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.