

MOTOR SURVEY ASSIGNMENT

Date	11-02-2020	Our Ref No. D20000934MFSH
Accident Date	09-02-2020	Claim Type. Third Party
Insured Vehicle	SHB6670X	Third Party Vehicle. FBC295B
Survey Location	BLK 1006 #01-10 BUKIT MERAH LANE 2	
Contact Person.	NA	
Contact No.	62730369/ 0	Fax No. 62746614
Survey Type	WITHOUT PREJUDICE: LIABILITY NOT CLEAR	
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	SOUTHERN MOTOR	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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.