

MOTOR SURVEY ASSIGNMENT

Date	04-03-2020	Our Ref No. D20001311MFSH
Accident Date	03-03-2020	Claim Type. Third Party
Insured Vehicle	SHC2059H	Third Party Vehicle. SCQ5599G
Survey Location	BODY AND PAINT DEPT 249 ALEXANDRA ROAD	
Contact Person.	RICHMOND HO	
Contact No.	64304890/ 91768543	Fax No. 0
Survey Type	REVERT FOR INSTRUCTIONS: ESTIMATE IN, PLEASE GET FOR US THE VIDEO FOOTAGE AND VERIFY DAMAGE CONSISTE	
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	WEARNES AUTOMOTIVE 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.