

**MOTOR SURVEY ASSIGNMENT**

**Date** 12-03-2020 **Our Ref No.** D20001447MFSH

**Accident Date** 11-03-2020 **Claim Type.** Third Party

**Insured Vehicle** SHC7021H **Third Party Vehicle.** SLM4464H

**Survey Location** 2 KAKI BUKIT AVENUE 2 #01-18 KAKI BUKIT AUTOHUB

**Contact Person.** ZI TING

**Contact No.** 68420051/ 0 **Fax No.** 67410510

**Survey Type** WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:

**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** N-51 AUTOMOTIVE PTE LTD **Attention.** NIL

**Cc : TP Solicitor** NA **TP Solicitor Fax No.** NA

**Officer Incharge** MERINA CHIA SAN SAN

**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.