

MOTOR SURVEY ASSIGNMENT

Date	20-03-2020	Our Ref No. D20001584MFSH
Accident Date	20-03-2020	Claim Type. Third Party
Insured Vehicle	SHB3040J	Third Party Vehicle. SLH650P
Survey Location	176 SIN MING DRIVE #03-14SIN MING AUTOCARE COMPLEX	
Contact Person.	LILY/LI HUI (TEL; 64539622)	
Contact No.	64550012/ 0	Fax No. 65540012
Survey Type	DIRECT SETTLEMENT:	
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	COMPLETE VMS PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	RACHELWU LIMEI	

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.