

### MOTOR SURVEY ASSIGNMENT

|                           |   |                                      |
|---------------------------|---|--------------------------------------|
| <b>Date</b>               | 01-04-2020  | <b>Our Ref No.</b> D20001750MFSH     |
| <b>Accident Date</b>      | 31-03-2020  | <b>Claim Type.</b> Third Party       |
| <b>Insured Vehicle</b>    | SHA7817P  | <b>Third Party Vehicle.</b> SKP7326A |
| <b>Survey Location</b>    | 160 SIN MING DRIVE #05-11 SIN MING AUTOCITY                                     |                                      |
| <b>Contact Person.</b>    | HWEE BOON   |                                      |
| <b>Contact No.</b>        | 64533100/ 98630678  | <b>Fax No.</b> 62669932              |
| <b>Survey Type</b>        | DIRECT SETTLEMENT: QUANTUM TO BE AGREED (ESTIMATED REPAIR COST IS AT \$8199.72) |                                      |
| <b>Appointed Surveyor</b> | LKK AUTO CONSULTANTS PTE LTD  |                                      |
| <b>Contact Person</b>     | NA  | <b>Fax No.</b> 68416315              |
| <b>Contact Number.</b>    | 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

|                          |                               |                                |
|--------------------------|-------------------------------|--------------------------------|
| <b>Cc : Workshop</b>     | HWA SENG SPRAY<br>PAINTING CO | <b>Attention.</b> NIL          |
| <b>Cc : TP Solicitor</b> | NA                            | <b>TP Solicitor Fax No.</b> NA |
| <b>Officer Incharge</b>  | JOANNEY                       |                                |

### 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.