

**MOTOR SURVEY ASSIGNMENT**

**Date** 26-02-2020 **Our Ref No.** D20001194MFSH

**Accident Date** 04-01-2020 **Claim Type.** Third Party

**Insured Vehicle** SHC8070J **Third Party Vehicle.** SMM7227U

**Survey Location** NO.1 KAKI BUKIT AVE 6 #02-22

**Contact Person.** NICOLE CHONG

**Contact No.** 64842220/ 87827171 **Fax No.** 0

**Survey Type** WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

**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** CAS GARAGE PTE LTD **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.