

MOTOR SURVEY ASSIGNMENT

Date	01-06-2020	Our Ref No. D20002270MFSH
Accident Date	29-05-2020	Claim Type. Third Party
Insured Vehicle	SHB4466H	Third Party Vehicle. SGZ1285T
Survey Location	BLK 3022A UBI ROAD #01-45/46	
Contact Person.	PEI WEN NG	
Contact No.	67415336/ 0	Fax No. 67417208
Survey Type	WITHOUT PREJUDICE:	
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	PROGRESSIVE CAR CARE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.