

MOTOR SURVEY ASSIGNMENT

Date 09-06-2020 **Our Ref No.** D20002363MFSH

Accident Date 08-06-2020 **Claim Type.** Third Party

Insured Vehicle SH6096S **Third Party Vehicle.** SHA7964Y

Survey Location BLK 9 SECTOR C #01-42, SIN MING INDUSTRIAL ESTATE,
Contact Person. MS LIM / MS LEE

Contact No. 0/ 91591616 **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 BIFROST AUTO 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.