

MOTOR SURVEY ASSIGNMENT

Date	12-06-2020	Our Ref No. D20002407MFSH
Accident Date	10-06-2020	Claim Type. Third Party
Insured Vehicle	SHC8138Z	Third Party Vehicle. SGU3161E
Survey Location	BLK 3023A #01-60 UBI ROAD 1	
Contact Person.	APPLE	
Contact No.	6743 3246/ 0	Fax No. 6743 0013
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	PEOPLE'S VEHICLE RECOVERY SERVICE	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.