

MOTOR SURVEY ASSIGNMENT

Date	17-06-2020	Our Ref No. D20002449MFSH
Accident Date	15-06-2020	Claim Type. Third Party
Insured Vehicle	SHC2380D	Third Party Vehicle. SJX2948H
Survey Location	176 SIN MING DRIVE #03-08 SIN MING AUTO CARE	
Contact Person.	DANNY	
Contact No.	0/ 90111432	Fax No. 0
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	LOH HENG	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.