

MOTOR SURVEY ASSIGNMENT

Date	08-07-2020	Our Ref No. D20002715MFSH
Accident Date	08-07-2020	Claim Type. Third Party
Insured Vehicle	SHC1098B	Third Party Vehicle. SLB7467M
Survey Location	38 WOODLANDS INDUSTRIAL PARK E1 #05-18	
Contact Person.	LIN SHU JUAN	
Contact No.	64688834/ 0	Fax No. 64622278
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	AUTOMOTIVE REPAIR CENTRE PTE LTD	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.