

MOTOR SURVEY ASSIGNMENT

Date	07-07-2020	Our Ref No. D20002699MFSH
Accident Date	30-06-2020	Claim Type. Third Party
Insured Vehicle	SHA1746A	Third Party Vehicle. YP7989X
Survey Location	NO 60.JALAN LAM HUAT CARROS CENTRE #02-32	
Contact Person.	MICHAEL NG	
Contact No.	65553300/ 0	Fax No. 68424988
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR	
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	THINK ONE AUTOCARE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	HENG DING CHAO	

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.