

MOTOR SURVEY ASSIGNMENT

Date	23-07-2020	Our Ref No. D20002913MFSH
Accident Date	06-07-2020	Claim Type. Third Party
Insured Vehicle	SHA0649D	Third Party Vehicle. SLX8539S
Survey Location	15 UBI ROAD 4	
Contact Person.	JESHURUEBEN RAO THOMAS (RUEBEN)	
Contact No.	68465672/ 90721766	Fax No. 0
Survey Type	WITHOUT PREJUDICE: ID NOT AT FAULT (TO REJECT CLAIM)	
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	KAH MOTOR CO SDN BHD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	WOO JUN KIATERIC	

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.