

MOTOR SURVEY ASSIGNMENT

Date	27-07-2020	Our Ref No. D20002951MFSH
Accident Date	26-07-2020	Claim Type. Third Party
Insured Vehicle	SHB3090P	Third Party Vehicle. SJS8642B
Survey Location	160, SIN MING DRIVE #05-08 SIN MING AUTOCITY	
Contact Person.	MDM LIM	
Contact No.	64536256/ 0	Fax No. 64557754
Survey Type	WITHOUT PREJUDICE: NO EST. COR	
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	KUM CHEW MOTOR WORKSHOP	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.