

MOTOR SURVEY ASSIGNMENT

Date 07-08-2020 **Our Ref No.** D20003112MFSH

Accident Date 05-08-2020 **Claim Type.** Third Party

Insured Vehicle SHC3157B **Third Party Vehicle.** SJS3172Z

Survey Location 160 Sin Ming Drive #02-20SIN MING AUTOCITY

Contact Person. SANDRA

Contact No. 64527018/ 96222116 **Fax No.** 0

Survey Type WITHOUT PREJUDICE: NO EST. PROVIDED

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 K. KIM HIN AUTO 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.