

MOTOR SURVEY ASSIGNMENT

Date	07-09-2020	Our Ref No. D20003593MFSH
Accident Date	26-08-2020	Claim Type. Third Party
Insured Vehicle	SH7149S	Third Party Vehicle. GBJ1255Z
Survey Location	BLK 5032 ANG MO KIO IND PK 2 #01-303	
Contact Person.	CALVIN	
Contact No.	64817773/ 64817773	Fax No. 0
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	TROPICAL SUCCESS AUTO CARE	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SANGHILAN VIC ALPEH SUMAGANG	

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.