

MOTOR SURVEY ASSIGNMENT

Date 09-09-2020 **Our Ref No.** D20003647MFSH

Accident Date 06-09-2020 **Claim Type.** Third Party

Insured Vehicle SH6387C **Third Party Vehicle.** SMC5879D

Survey Location 8 KAKI BUKIT AVE 4 #01-49, PREMIER @ KAKI BUKIT

Contact Person. IKHWAN

Contact No. 0/ 93290237 **Fax No.** 0

Survey Type WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:

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 BIFROST AUTO PTE LTD **Attention.** NIL

Cc : TP Solicitor NA **TP Solicitor Fax No.** NA

Officer Incharge CHRIS LIM

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.