

MOTOR SURVEY ASSIGNMENT

Date	12-09-2020	Our Ref No. D20003694MFSH
Accident Date	09-09-2020	Claim Type. Third Party
Insured Vehicle	SHD4369U	Third Party Vehicle. SMT7358M
Survey Location	NO.1 KAKI BUKIT AVE 6 #02-22 AUTOBAY	
Contact Person.	NICOLE CHONG	
Contact No.	64842220/ 97916119	Fax No. 0
Survey Type	WITHOUT PREJUDICE: ASSIGNMENT GIVEN VIA PHONE TO LKK, PLEASE GET IN ESTIMATE AND VIDEO IF ANY TO US	
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	CAS GARAGE PTE LTD	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.