

MOTOR SURVEY ASSIGNMENT

Date	15-09-2020	Our Ref No. D20003733MFSH
Accident Date	12-09-2020	Claim Type. Third Party
Insured Vehicle	SHC8828R	Third Party Vehicle. SLT7464B
Survey Location	176 SIN MING DRIVE #02-03 SIN MING AUTOCARE	
Contact Person.	NA	
Contact No.	6453 6111/ 97426003	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	GUAN MOTOR WORKS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	RACHELWU LIMEI	

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.