

MOTOR SURVEY ASSIGNMENT

Date	16-09-2020	Our Ref No. D20003761MFSH
Accident Date	12-09-2020	Claim Type. Third Party
Insured Vehicle	SHD7227B	Third Party Vehicle. SMM1603G
Survey Location	176 SIN MING DRIVE #04-18 SIN MING AUTOCARE	
Contact Person.	SAMUEL	
Contact No.	0/ 97875558	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	AUBURN 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.