

MOTOR SURVEY ASSIGNMENT**Date** 22-09-2020 **Our Ref No.** D20003843MFSH**Accident Date** 21-09-2020 **Claim Type.** Third Party**Insured Vehicle** SH7749K **Third Party Vehicle.** SLZ1301X**Survey Location** 303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE**Contact Person.** CAROLINE**Contact No.** 63190174/ 0 **Fax No.** 64794601**Survey Type** DIRECT SETTLEMENT: PLEASE GET IN TP VIDEO BEFORE AGREE TO DIRECT SETTLEMENT**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** PERFORMANCE MOTORS LIMITED **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.