

MOTOR SURVEY ASSIGNMENT**Date** 29-09-2020 **Our Ref No.** D20003931MFSH**Accident Date** 28-09-2020 **Claim Type.** Third Party**Insured Vehicle** SHC2548M **Third Party Vehicle.** SLC5470K**Survey Location** NO. 10 ANG MO KIO IND PARK 2A #01-09 AMK AUTOPOINT**Contact Person.** ZILA**Contact No.** 64831244/ 0 **Fax No.** 64836170**Survey Type** WITHOUT PREJUDICE: WE CAN AGREED TO DIRECT SETTLEMENT IF
DAMAGE CONSISTENCY, QUANTUM AND REPAIR DAYS**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 AH LIM MOTOR COMPANY **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.