

### MOTOR SURVEY ASSIGNMENT

<b>Date</b>	01-10-2020	<b>Our Ref No.</b> D20003985MFSH
<b>Accident Date</b>	30-09-2020	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA8329A	<b>Third Party Vehicle.</b> SKJ7434C
<b>Survey Location</b>	NO.1 KAKI BUKIT AVE 6 #02-22	
<b>Contact Person.</b>	ALLAN GOH	
<b>Contact No.</b>	64842220/ 87827171	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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

<b>Cc : Workshop</b>	CAS GARAGE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	WOO JUN KIATERIC	

### 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.