

MOTOR SURVEY ASSIGNMENT

Date	05-10-2020	Our Ref No. D20004041MFSH
Accident Date	04-10-2020	Claim Type. Third Party
Insured Vehicle	SHA3260X	Third Party Vehicle. SJG5236Z
Survey Location	2 KAKI BUKIT AVENUE 2 #01-17 KAKI BUKIT AUTOHUB	
Contact Person.	MR ANG	
Contact No.	68420051/ 0	Fax No. 67410510
Survey Type	WITHOUT PREJUDICE: NO ESTIMATE	
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	TWINCAR AUTOMOTIVE PTE LTD	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.