

MOTOR SURVEY ASSIGNMENT

Date	12-10-2020	Our Ref No. D20004119MFSH
Accident Date	09-10-2020	Claim Type. Third Party
Insured Vehicle	SHC8526L	Third Party Vehicle. SLZ1527L
Survey Location	1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAY @ KAKI BUKIT	
Contact Person.	LIM	
Contact No.	97864483/ 97864483	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	AUTOMOBILE HUB ENTERPRISE	Attention. NIL
Cc : TP Solicitor	KANNAN SG	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.