

MOTOR SURVEY ASSIGNMENT

Date 21-10-2020 **Our Ref No.** D20004281MFSH

Accident Date 20-10-2020 **Claim Type.** Third Party

Insured Vehicle SHC7174A **Third Party Vehicle.** GBD153Y

Survey Location BLK 8 SIN MING ROAD #01-58/60/62 SIN MING IND EST

Contact Person. VRONICA LAW

Contact No. 64531235/ 0 **Fax No.** 64537944

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 CITY AUTO PTE LTD **Attention.** NIL

Cc : TP Solicitor NA **TP Solicitor Fax No.** NA

Officer Incharge MERINA CHIA SAN SAN

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.