

MOTOR SURVEY ASSIGNMENT

Date	23-10-2020	Our Ref No. D20004315MFSH
Accident Date	17-10-2020	Claim Type. Third Party
Insured Vehicle	SHA4746E	Third Party Vehicle. SMS426B
Survey Location	10 ANG MO KIO IND PARK 2A, #01-05 AMK AUTOPOINT	
Contact Person.	SHARON TEN (MS.)	
Contact No.	64811522/ 0	Fax No. 64811011
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	OPTIMA WERKZ PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	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.