

MOTOR SURVEY ASSIGNMENT

Date	27-10-2020	Our Ref No. D20004365MFSH
Accident Date	26-10-2020	Claim Type. Third Party
Insured Vehicle	SHD8643B	Third Party Vehicle. SJV3864U
Survey Location	BLK 1 SIN MING INDUSTRIAL ESTATE C ,#01-129	
Contact Person.	KWAN	
Contact No.	0/ 98502253	Fax No. 64585589
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	NGIAK MOTOR WORKS	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.