

MOTOR SURVEY ASSIGNMENT

Date	03-11-2020	Our Ref No. D20004474MFSH
Accident Date	01-11-2020	Claim Type. Third Party
Insured Vehicle	SHC8487R	Third Party Vehicle. SMJ3128P
Survey Location	BLK 3022A UBI ROAD #01-45/46	
Contact Person.	LILY LIM	
Contact No.	67415336/ 0	Fax No. 67417208
Survey Type	SITE INSPECTION:	
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	PROGRESSIVE CAR CARE 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.