

MOTOR SURVEY ASSIGNMENT

Date	09-11-2020	Our Ref No. D20004571MFSH
Accident Date	06-11-2020	Claim Type. Third Party
Insured Vehicle	SHA2318X	Third Party Vehicle. SKD8149B
Survey Location	8 KAKI BUKIT AVE 4 #01-49, PREMIER @ KAKI BUKIT	
Contact Person.	IKHWAN	
Contact No.	0/ 93290237	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	BIFROST AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	RACHELWU LIMEI	

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.