

MOTOR SURVEY ASSIGNMENT

Date	20-11-2020	Our Ref No. D20004762MFSH
Accident Date	19-11-2020	Claim Type. Third Party
Insured Vehicle	SHB4829U	Third Party Vehicle. SMS6689U
Survey Location	160 SIN MING DRIVE #05-21 SIN MING AUTOCITY	
Contact Person.	CHIN	
Contact No.	0/ 96666556	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	EM-1 AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	WOO JUN KIATERIC	

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.