

MOTOR SURVEY ASSIGNMENT

Date	12-11-2020	Our Ref No. D20004641MFSH
Accident Date	11-11-2020	Claim Type. Third Party
Insured Vehicle	SHC3786K	Third Party Vehicle. FW9551A
Survey Location	4001, ANG MO KIO INDUSTRIAL PARK 1 #01-21	
Contact Person.	LEENA	
Contact No.	64524898/ 0	Fax No. 64524868
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	S9 MOTOR TRADING 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.