

MOTOR SURVEY ASSIGNMENT

Date	24-11-2020	Our Ref No. D20004798MFSH
Accident Date	23-11-2020	Claim Type. Third Party
Insured Vehicle	SHB3949M	Third Party Vehicle. SGZ1121H
Survey Location	160, SIN MING DRIVE, #03-18/19, SIN MING AUTOCITY	
Contact Person.	MR BERNARD OR MS IVY	
Contact No.	64560226/ 91018302	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 SOLUTION PTE LTD	Attention. NIL
Cc : TP Solicitor	VISION LAW LLC	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.