

MOTOR SURVEY ASSIGNMENT

Date	02-12-2020	Our Ref No. D20004898MFSH
Accident Date	01-12-2020	Claim Type. Third Party
Insured Vehicle	SHC8607L	Third Party Vehicle. SLX3333B
Survey Location	160 SIN MING DRIVE #06-02 SIN MING AUTOCITY	
Contact Person.	LEE SHIRLEY	
Contact No.	62628888/ 86865188	Fax No. 62509015
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	MBM WHEELPOWER 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.