

MOTOR SURVEY ASSIGNMENT

Date	12-10-2020	Our Ref No. D20004124MFSH
Accident Date	07-10-2020	Claim Type. Third Party
Insured Vehicle	SHC8566X	Third Party Vehicle. SGS4334C
Survey Location	NO. 10 ANG MO KIO IND PARK 2A #01-09 AMK AUTOPOINT	
Contact Person.	ZILA	
Contact No.	64831244/ 0	Fax No. 64836170
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	AH LIM MOTOR COMPANY	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.