

MOTOR SURVEY ASSIGNMENT

Date	07-12-2020	Our Ref No. D20004938MFSH
Accident Date	03-12-2020	Claim Type. Third Party
Insured Vehicle		Third Party Vehicle. SMT2326M
Survey Location	15 UBI ROAD 4	
Contact Person.	YOU PO SOON	
Contact No.	0/ 96786493	Fax No. 0
Survey Type	WITHOUT PREJUDICE: ESTIMATE IN. PLEASE VERIFY TP DAMAGE CONSISTENCY.(INSURED REPORED SLIGHT DAMAGE T	
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	KAH MOTOR CO SDN BHD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SANGHILAN VIC ALPEH SUMAGANG	

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.