

MOTOR SURVEY ASSIGNMENT

Date 07-12-2020 **Our Ref No.** D20004943MFSH

Accident Date 06-12-2020 **Claim Type.** Third Party

Insured Vehicle SHB4882P **Third Party Vehicle.** SLA6407Z

Survey Location 176 SIN MING DRIVE #03-14SIN MING AUTOCARE COMPLEX
Contact Person. LILY/LI HUI (TEL; 64539622)
Contact No. 64550012/ 0 **Fax No.** 65540012

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 COMPLETE VMS PTE LTD **Attention.** NIL

Cc : TP Solicitor NA **TP Solicitor Fax No.** NA

Officer Incharge MERINA CHIA SAN SAN

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.