

MOTOR SURVEY ASSIGNMENT**Date** 10-12-2020 **Our Ref No.** D20005032MFSH**Accident Date** 28-11-2020 **Claim Type.** Third Party**Insured Vehicle** SHC8939D **Third Party Vehicle.** SMC7224E**Survey Location** BLK 1019 YISHUN IND. PARK A #01-374**Contact Person.** JUNE**Contact No.** 67556142/ 0 **Fax No.** 67557719**Survey Type** WITHOUT PREJUDICE: NO ESTIMATE. OBTAIN TP VIDEO AND VERIFY
DAMAGE CONSISTENCY. ID REPORTED NOT AWARE**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 CHENG HOE MOTOR PTE LTD **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.