

MOTOR SURVEY ASSIGNMENT

Date	14-12-2020	Our Ref No. D20005096MFSH
Accident Date	10-12-2020	Claim Type. Third Party
Insured Vehicle	SHD3578P	Third Party Vehicle. SMB3054K
Survey Location	21 BULIM DRIVE BULIM BUS DEPOT	
Contact Person.	LYNN	
Contact No.	86919663/ 91990025	Fax No. 0
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	TOWER TRANSIT SINGAPORE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	RACHELWU LIMEI	

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.