

MOTOR SURVEY ASSIGNMENT

Date 14-12-2020 **Our Ref No.** D20005089MFSH

Accident Date 14-12-2020 **Claim Type.** Third Party

Insured Vehicle SHA2937J **Third Party Vehicle.** SJC280Z

Survey Location 8 KAKI BUKIT AVE 4 #02-44 PREMIER @ KAKI BUKIT

Contact Person. DARYL CHIEN

Contact No. 63441918/ 0 **Fax No.** 67449778

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 TRIDENT AUTO SERVICE **Attention.** NIL
CENTRE PTE LTD

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.