

MOTOR SURVEY ASSIGNMENT

Date	23-12-2020	Our Ref No. D20005258MFSH
Accident Date	22-12-2020	Claim Type. Third Party
Insured Vehicle	SHD3618H	Third Party Vehicle. CB6339M
Survey Location	1 KAKI BUKIT AVENUE 6#01-94 AUTOBAY @ KB	
Contact Person.	ALVIN	
Contact No.	0/ 97981616	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	UNIMOTOR COMPANY	Attention. NIL
Cc : TP Solicitor	C PAGLAR & CO	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.