

MOTOR SURVEY ASSIGNMENT

Date	21-12-2020	Our Ref No. D20005211MFSH
Accident Date	18-12-2020	Claim Type. Third Party
Insured Vehicle	SHC2458P	Third Party Vehicle. SMG803J
Survey Location	303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE	
Contact Person.	CAROLINE	
Contact No.	63190174/ 0	Fax No. 64794601
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	PERFORMANCE MOTORS LIMITED	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.