

MOTOR SURVEY ASSIGNMENT

Date	29-12-2020	Our Ref No. D21000027MFSH
Accident Date	27-12-2020	Claim Type. Third Party
Insured Vehicle	SHB2213J	Third Party Vehicle. SKZ4483X
Survey Location	BLK 10 ANG MO KIO IND PARK 2A AMK AUTOPOINT #04-06	
Contact Person.	YUZHEN	
Contact No.	62571289/ 0	Fax No. 64837432
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
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	BODYFIX	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

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.