

MOTOR SURVEY ASSIGNMENT

Date	29-12-2020	Our Ref No. D21000033MFSH
Accident Date	26-12-2020	Claim Type. Third Party
Insured Vehicle	SHA8030K	Third Party Vehicle. SMM4605G
Survey Location	330 UBI ROAD 3	
Contact Person.	REN BAGANG	
Contact No.	67461000/ 85523293	Fax No. 65949166
Survey Type	DIRECT SETTLEMENT:	
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	CYCLE & CARRIAGE - FULCO MOTOR DEALER PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	WOO JUN KIATERIC	

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.