

MOTOR SURVEY ASSIGNMENT

Date	29-12-2020	Our Ref No. D21000039MFSH
Accident Date	28-12-2020	Claim Type. Third Party
Insured Vehicle	SHC2349X	Third Party Vehicle. SKL437E
Survey Location	BLK 53 UBI AVE 1 #01-24 PAYA UBI INDUSTRIAL PARK	
Contact Person.	SHU SHAN	
Contact No.	68442475/ 0	Fax No. 68442474
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	TEAMWORK GARAGE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	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.