

MOTOR SURVEY ASSIGNMENT

Date 04-01-2021 **Our Ref No.** D21000079MFSH

Accident Date 31-12-2020 **Claim Type.** Third Party

Insured Vehicle SH9660T **Third Party Vehicle.** SMC1437Y

Survey Location 1 KAKI BUKIT AVE 6 #01-41 BLK C @ AUTOBAY

Contact Person. YUN LI

Contact No. 65095545/ 0 **Fax No.** 65095567

Survey Type WITHOUT PREJUDICE: NO ESTIMATE NO VIDEO PROVIDED. PLEASE VERIFY DAMAGE CONSISTENCY

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 CN MOTORS 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.