

MOTOR SURVEY ASSIGNMENT

Date	22-12-2020	Our Ref No. D20005250MFSH
Accident Date	20-12-2020	Claim Type. Third Party
Insured Vehicle	SHC7157A	Third Party Vehicle. FA4045T
Survey Location	53 UBI AVENUE 1 #02-23 PAYA UBI INDUSTRIAL PARK	
Contact Person.	DARREN	
Contact No.	68442475/ 0	Fax No. 68442474
Survey Type	WITHOUT PREJUDICE:	
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	KARZ WORK SOLUTIONS	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.