SERVICE REQUEST FORM (SRF)

Pls. return by FAX / EMAIL

M/s LKK AUTO CONSULTANTS PTE LTD

51 Ubi Avenue 1 #01-25 Paya Ubi Industrial Park Singapore 408933

Tel: 6256 3561 Fax: 6256 4315

Dear Sir/Madam,		
MC/Đ€ Suit No. Vehicle No(s). Accident Date	2414/2019 5LD 8228U 13.3.2018	
We refer to the abo	ve matter.	
We/I confirmed to mentioned above a received of the state	ind agreed to pay the profe	conduct Paper Survey as details essional fees within 60 days upon
Professional Fees	: \$321.00 (inclusive of 7% (<u>GST)</u>
Company Name Company Stamp & Authorized Signatu	re	my
Date	23.3. 2021	
Witness: (for LKK Auto Consultants Pte Ltd)		
Name:		Signature: