

MOTOR SURVEY ASSIGNMENT

Date	29-03-2021	Our Ref No. D21000981MFVS
Accident Date	26-03-2021	Claim Type. Third Party
Insured Vehicle	XD7126U	Third Party Vehicle. SLN9785T
Survey Location	23 KAKI BUKIT AVENUE 4 #04-01AAS KAKI BUKIT CENTRE	
Contact Person.	KELVIN	
Contact No.	82228966/ 82925595	Fax No. 68445185
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
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	XIN HUA WORKSHOP PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.