

MOTOR SURVEY ASSIGNMENT

Date	13-04-2021	Our Ref No. D21001190MFCV
Accident Date	12-04-2021	Claim Type. Third Party
Insured Vehicle	YP3617X	Third Party Vehicle. SGY3471P
Survey Location	BLK 3023A UBI ROAD 1 #01-61	
Contact Person.	GRACE CHIN	
Contact No.	67484422/ 00000000	Fax No. 67476720
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	MODERN AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

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.