

**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/DC Suit No.** : \_\_\_\_\_

**Vehicle No(s).** : GR 2442S

**Accident Date** : 21/07/2017

We refer to the above matter.

We/I confirmed to appoint your company to conduct **Physical Re-inspection** as details mentioned above and agreed to pay the professional fees within 60 days upon received of the SJE report.

**Professional Fees** : \$214.00 inclusive 7% GST  
(50% of \$428.00 shared by Vision Law LLC)

**Company Name** : ComLaw LLC  
64 Cecil Street  
#06-01 JOB Building  
Singapore 049711  
Tel : 65381221  
Fax : 65387890

**Company Stamp & Authorized Signature** : 

**Date** : 5/5/2021

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**Witness: (for LKK Auto Consultants Pte Ltd)**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_