

MOTOR SURVEY ASSIGNMENT

Date	27-04-2021	Our Ref No. D21001330MFVS
Accident Date	24-04-2021	Claim Type. Third Party
Insured Vehicle	XE471M	Third Party Vehicle. YQ353X
Survey Location	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ KAKI BUKIT	
Contact Person.	SUSAN LOW	
Contact No.	67411730/ 67411730	Fax No. 67445746
Survey Type	WITHOUT PREJUDICE: INSURED ACCIDENT NOT REPORTED YET	
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	LIU'S BROTHER AUTO ENGINEERING WORKSHOP	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SANGHILAN VIC ALPEH SUMAGANG	

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.