

MOTOR SURVEY ASSIGNMENT

Date	07-05-2021	Our Ref No. D21001443MFVS
Accident Date	06-05-2021	Claim Type. Third Party
Insured Vehicle	XD4764Y	Third Party Vehicle. XE2068G
Survey Location	NO.38 DEFU LANE SINGAPORE 539278	
Contact Person.	MR GOH	
Contact No.	62823336/ 0	Fax No. 62893336
Survey Type	WITHOUT PREJUDICE:	
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	MAH LIAN MOTOR VEHICLE REPAIRER	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	CHRIS LIM	

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.