

MOTOR SURVEY ASSIGNMENT

Date	08-07-2021	Our Ref No. D21001999MFVS
Accident Date	07-07-2021	Claim Type. Third Party
Insured Vehicle	XD2787U	Third Party Vehicle. SH8990Y
Survey Location	#01-42 SIN MING INDUSTRIAL ESTATE (S) 575644	
Contact Person.	MS LIM / MS LEE / WILSON	
Contact No.	62436687/ 62436687	Fax No. 0
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	BIFROST AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JACLYN KESAVAL MANIAM	

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.