

MOTOR SURVEY ASSIGNMENT

Date	09-07-2021	Our Ref No. D21002001MFBP
Accident Date	08-07-2021	Claim Type. Third Party
Insured Vehicle	SBS3359Y	Third Party Vehicle. SHD323C
Survey Location	NO.2 ANG MO KIO STREET 63	
Contact Person.	KEK ZHEWEI	
Contact No.	62876666/ 62876666	Fax No. 62571330
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	TRANS-CAB SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	RACHELWU LIMEI	

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.