

MOTOR SURVEY ASSIGNMENT

Date	12-07-2021	Our Ref No. D21002024MFCV
Accident Date	11-07-2021	Claim Type. Third Party
Insured Vehicle	YN9201H	Third Party Vehicle. SMN8397A
Survey Location	BLK 8 SIN MING ROAD #01-58/60/62 SIN MING IND EST	
Contact Person.	VERONICA	
Contact No.	64531235/ 64531235	Fax No. 0
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED: TO VERIFY TP DAMAGE CONSISTENCY	
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	CITY AUTO PTE LTD	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.