

**MOTOR SURVEY ASSIGNMENT**

**Date** 14-07-2021 **Our Ref No.** D21002057MFCV

**Accident Date** 13-07-2021 **Claim Type.** Third Party

**Insured Vehicle** GBG2846C **Third Party Vehicle.** SKR5275R

**Survey Location** BLK 53 UBI AVE 1 #01-24 PAYA UBI INDUSTRIAL PARK

**Contact Person.** SHU SHAN

**Contact No.** 6844 2475/ 68442475 **Fax No.** 68442474

**Survey Type** WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

**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** TEAMWORK GARAGE **Attention.** NIL  
PTE LTD

**Cc : TP Solicitor** NA **TP Solicitor Fax No.** NA

**Officer Incharge** KARENT

**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.