SERVICE REQUEST FORM (SRF)

Pls. return by FAX / EMAIL

M/s LKK AUTO CONSULTANTS PTE LTD

51 Ubi Avenue 1 #01-25 Paya Ubi Industrial Park Singapore 408933

Tel: 6256 3561 Fax: 6256 4315

Dear Sir/Madam,	
MC DC Suit No. Vehicle No(s). Accident Date	$\frac{3074}{2021}$ $\frac{5kG7258k}{01/20}$
We refer to the abo	ove matter.
Well confirmed to appoint your company to conduct Re-Inspection as details mentioned above and agreed to pay the professional fees within 60 days upon received of the stated report.	
Professional Fees	: \$214.00 (inclusive of 7% GST)
Company Name Company Stamp & Authorized Signatu	re 20 Upper Circular Road #02-10/12 The Rivergell
Date	Singapore 058416 Tel: 6533 0212 Fax: 6533 0313
Witness: (for LKK Auto Consultants Pte Ltd)	
Name:	Signature: