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

Witness: (for LKK Auto Consultants Pte Ltd)

| Dear Sir/Madam, | | | | |
|-------------------------------------------------------|------------------------------------------------------------------|----------------------------------|------------------------------|-------------------------|
| MC/DC Suit No. Vehicle No(s). Accident Date | : 1908 2021 : FBH 6966H : 5181 2019 | | | |
| We refer to the abo | | | | |
| We/I confirmed to mentioned above received of the sta | appoint your company to cand agreed to pay the profested report. | conduct Re essional fe | e-Inspection es within 60 | as details days upon |
| Professional Fees | : <u>\$214.00</u> (inclusive of 7% | <u>GST)</u> | | |
| | | | | |
| Company Name | : Daniel C. K. Poon | | | |
| Company Stamp Authorized Signat | | 2. | | |
| Date | : 28/7/2021 | | | |
| | | | | |
| | | | | |

| Name: | Signature: |
|-------|------------|
|-------|------------|