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	: 1149 2021 : SMP 9 1 B : 17 FEB 2020	
We refer to the abo	ve matter.	
We/I 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	: <u>\$214.00</u> (inclusive of 7% GST)	
Company Name Company Stamp & Authorized Signatur Date	ENTIE AGE	
Witness: (for LKK	Auto Consultants Pte Ltd)	
Name:		Signature: