

### MOTOR SURVEY ASSIGNMENT

<b>Date</b>	13-08-2021	<b>Our Ref No.</b> D21002309MFCV
<b>Accident Date</b>	05-08-2021	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	GBG4475B	<b>Third Party Vehicle.</b> SDP297D
<b>Survey Location</b>	51 UBI AVE 1 #01-11	
<b>Contact Person.</b>	SETH YEH KAI	
<b>Contact No.</b>	63851171/ 0	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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

<b>Cc : Workshop</b>	LUCK 7 WIN PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	ESTHER	

### 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.