

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. : 3519/2020

Vehicle No(s). : SLJ 2794J

Accident Date : 18/01/2019

We refer to the above 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 : \$214.00 (inclusive of 7% GST)

Company Name : **ComLaw LLC**

**Company Stamp & :
Authorized Signature**



ComLaw LLC
64 Cecil Street
#06-01 IOB Building
Singapore 049711
Tel : 65381221
Fax : 65387890

Date : 6/12/2021

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Witness: (for LKK Auto Consultants Pte Ltd)

Name: _____

Signature: _____