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	2804/2021 : SLF 2167R : 10 MAY 2018	
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>\$428.00</u> (inclusive of 7% GST)	
Company Name Company Stamp & Authorized Signature	ON BEHALF OF NTUC INCOME	POW YEAP TOH & GOON LLI 20 Maxwell Road #12-01 Maxwell House Singapore 069113 Tel: 62202666 Fax: 62236483 Email: infolaw@lytag.com.ag Website: www.lytag.com.ag
Date	: 31/8/2021	
Witness: (for LKK Auto Consultants Pte Ltd)		
Name:		Signature: