

MOTOR SURVEY ASSIGNMENT

Date	06-09-2021	Our Ref No. D21002510MFCV
Accident Date	04-09-2021	Claim Type. Third Party
Insured Vehicle	GBE7726T	Third Party Vehicle. SKV9547J
Survey Location	23 KAKI BUKIT AVENUE 4 #04-01 (SOUTH WING)	
Contact Person.	ALLAN	
Contact No.	87867171/ 0	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	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

Cc : Workshop	XIN HUA WORKSHOP PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	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.