

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/~~DE~~ Suit No. : 4598/2021
Vehicle No(s). : SGV4768M
Accident Date : 15/11/2019

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 : **R. S. Solomon LLC**

Company Stamp & : R.S. Solomonllc
Authorized Signature



Date : 10.9.21

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Witness: (for LKK Auto Consultants Pte Ltd)

Name: _____

Signature: _____