

MOTOR SURVEY ASSIGNMENT

Date	10-09-2021	Our Ref No. D21002562MFVS
Accident Date	09-09-2021	Claim Type. Third Party
Insured Vehicle	XE4710Y	Third Party Vehicle. SKN2120U
Survey Location	13 KAKI BUKIT ROAD 4 #01-20 BARTLEY BIZ CENTRE	
Contact Person.	KEN/ALEX	
Contact No.	96195936/ 96195936/90910000	Fax No. 90910000
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	SPEEDWERKZ PRIVATE LIMITED	Attention. NIL
Cc : TP Solicitor	ALP LAW CORPORATION	TP Solicitor Fax No. 64381211
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.