

MOTOR SURVEY ASSIGNMENT

Date	11-10-2021	Our Ref No. D21002825MFVS
Accident Date	08-10-2021	Claim Type. Third Party
Insured Vehicle	YL7737C	Third Party Vehicle. SFH419M
Survey Location	BLK 3022A UBI ROAD #01-45/46	
Contact Person.	LILY LIM	
Contact No.	67415336/ 0	Fax No. 67417208
Survey Type	DIRECT SETTLEMENT:	
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	PROGRESSIVE CAR CARE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.