

**MOTOR SURVEY ASSIGNMENT**

**Date** 02-08-2021 **Our Ref No.** D21002213MFCE

**Accident Date** 21-07-2021 **Claim Type.** Third Party

**Insured Vehicle** FBG9775C **Third Party Vehicle.** GBC8290L

**Survey Location** 30 BUKIT BATOK CRESCENT  
**Contact Person.** CHEN CHEE KIONG  
**Contact No.** 62563561/ 0 **Fax No.** 66547540

**Survey Type** WITHOUT PREJUDICE: TO VERIFY TPV DAMAGE CONSISTENCY. PLS PROVIDE TPV ERV

**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** ETHOZ GROUP LTD **Attention.** NIL  
**Cc : TP Solicitor** NA **TP Solicitor Fax No.** NA

**Officer Incharge** SANGHILAN VIC ALPEH  
SUMAGANG

**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.