

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/DC Suit No. : MC/MC 1794/2021.
Vehicle No(s). : SJZ 1200C.
Accident Date : 31.12.2019.

We refer to the above matter.

We/I confirmed to appoint your company to conduct **Physical Re-inspection** as details mentioned above and agreed to pay the professional fees within 60 days upon received of the stated report.

Professional Fees : \$428.00 (inclusive of 7% GST)

Company Name : **KELVIN CHIA PARTNERSHIP**

Company Stamp & :
Authorized Signature

KELVIN CHIA PARTNERSHIP
Advocates & Solicitors
6 Temasek Boulevard
29th Floor
Suntec Tower Four
Singapore 038986
Tel: 62201911 Fax: 62244118

Date : 19/07/22

Witness: (for LKK Auto Consultants Pte Ltd)

Name: _____

Signature: _____