## 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/BE Suit No. Vehicle No(s). Accident Date		
We refer to the abo	ve matter.	
	nd agreed to pay the profe	onduct <b>Re-Inspection</b> as details ssional fees within 60 days upon
Professional Fees	: \$432.00 (inclusive of 8% C	SST)
Company Name Company Stamp & Authorized Signatur		wheship —
Date	22-3-23	
Witness: (for LKK Auto Consultants Pte Ltd)		
Name:		Signature: