

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. : NA
Vehicle No(s). : YP 3739U
Accident Date : 08.11.22

We refer to the above matter.

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

Professional Fees : \$ 702 (inclusive of 8% GST)

Company Name : Holman Fenwick Willan Singapore LLP

Company Stamp & Authorized Signature :  HFw

Date : 04.01.23

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Witness: (for LKK Auto Consultants Pte Ltd)

Name: _____

Signature: _____