TEL: 67457367 FAX: 68413390

Date: 02/09/24 @ 3:10 pm.

M/s First Capital Insurance Ltd 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581

By Fax 65073849 Only

Dear Sirs
ACCIDENT BETWEEN VEHICLE NO. SKR SOBM AND VEHICLE NO.
SHF 1904. ON 30/08/24 @ 2230 hrs. AT Along Jervois Rd. EXH To
We refer to the above matter.
We are the appointed repair workshop of vehicle noSR_ 5293M
We understand that you are the insurer of vehicle no
The owner of vehicle no. Str. 543 m has authorised us to carry out the repairs to his vehicle which was damaged by your insured's vehicle. The owner intends to make a claim against your insured and/or insured's authorised driver for the accident which is caused wholly and/or contributed by your insured and/or your insured's authorised driver's

We hereby give you notice of the accident and an opportunity to inspect the damaged to the vehicle prior to the commencement of the repairs.

Kindly take note that we hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle no. \_\_\_\_\_at my premises.

Yours faithfully

negligence.



## Enquire Vehicle's Insurance Particulars (As At 30 Aug 2024 / 22:30:00)

Vehicle No.:

Make Description/Model:

SHF190H

TOYOTA / PRIUS HYBRID 1.8 CVT

Insurance Company Name:

MS FIRST CAPITAL INSURANCE LIMITED

Business Transaction Reference No.:

20240902123412354038

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).