

52 Chin Swee Road #03-67 Singapore 160052 Tel: (65) 6438 2883 Fax: (65) 6438 2889 Email: nat@loonchong.com

In reply please quote our reference Number

Our Ref: SH24-238.HLH/L (GBE 6183 R)

10 September 2024

BY FAX / EMAIL: motorclaims@msfirstcapital.com.sg

MS First Capital insurance Ltd 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 Motor Claims Dept (Vehicle No. SHB 5362 S)

Dear Sirs

We are instructed by Saion-Em Solutions Pte Ltd to notify you of a road accident on 09.09.24 at about 09:00 am at / along PIE before Exit 24 Towards Changi involving our client's vehicle no. GBE 6183 R and vehicle registration number SHB 5362 S driven by your insured driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

This is a computer generated documents and requires no signature

cc: client (via e-mail/fax only) - (GBE 6183 R)

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 09 Sep 2024 / 09:00:00)

o.: 25 scription/Model:
25
scription/Model:
/ PRIUS 5DR HATCHBACK (AUTO)
Company Name:
T CAPITAL INSURANCE LIMITED
Transaction Reference No.:
10094055127411
etain the business transaction reference number for Enquire Vehicle Owner
etain the business transaction reference number for Enquire Vehicle Owner if required).

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