

Date / Time :07/05/2019.....

BY FAX NO:E-mail.....

.....FWD Singapore..... Insurance

Motor Claim Department

Dear Sirs/Madam,

PRE-REPAIR INSPECTION

YOUR INSURED VEHICLE REGISTRATION NO.....SJU2217A.....

ACCIDENT ON...29/04/2019...BETWEEN...GU1297K...&...SJU2217A...
&

We are the repairers of motor vehicle registration
no.....GU1297K.....

TAKE NOTICE that the aforesaid vehicle has an accident with your
insured vehicle.

The aforesaid vehicle is available for pre-repair inspection at

ZERO GRAVITY

2 KAKI BUKIT AVE 2

#01-25 KAKI BUKIT AUTOHUB

SINGAPORE 417921.

Tel: 67412845

Yours faithfully,



Zero Gravity