

**CHIA S ARUL LLC**  
ADVOCATES & SOLICITORS  
UEN 201330709H

ARULCHELVAN S • DANIEL WOO

Our Ref : SKX 1829M (Jr)

Your Ref : To be advised

6 October 2020

**CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

**BY EMAIL ONLY**

Dear Sirs,

**RE: PROPERTY DAMAGE CLAIM**  
**CLAIMANT : ANG JIN XIANG**  
**ACCIDENT INVOLVING SKX 1829M & GBG 7765U ALONG MARINA COASTAL**  
**DRIVE ON 6 OCTOBER 2020**  
**PRE-REPAIR SURVEY NOTICE**

1. We act for Ang Jin Xiang, the owner of motor vehicle no. SKX 1829M which was involved in the aforesaid accident.
2. We hereby in compliance with the Pre-Action Protocol for Non-Injury Motor Accident Claims, Appendix C of the State Courts Practice Directions Amendment No. 1 of 2016 ("the **NIMA Protocol**") give you **NOTICE** that we are claiming against your insured motor vehicle no. GBG 7765U for damages, costs and disbursements as a result of your insured driver's negligence.
3. Please let us know if you wish to conduct a pre-repair survey on our client's motor vehicle at:

<b>Workshop</b>	<b>A-TEC Automotive Pte Ltd</b>
<b>Address</b>	<b>8 Kaki Bukit Avenue 4 #04 - 20 Premier Singapore 415875</b>
<b>Contact Person</b>	<b>Ms. Peggie (6384 5206)</b>

4. Pursuant to paragraph 2.3 of the NIMA Protocol, in the event we do not receive your response within next **two (2) working days** (excluding any Saturday, Sunday or public holiday), our client will instruct the workshop to commence appraisal and repairs to the damaged motor vehicle without further reference to you.
5. Please advise the appointed surveyor to endorse on page 2 of this letter after the completion of each inspection.

Yours faithfully,

  
**MR ARULCHELVAN S**  
cc: Client (By Email)

M/s Chia S Arul LLC

Page 2

Our Ref : SKX 1829M (Jr)

Your Ref : To be advised

**PRE-REPAIR SURVEY (1)**

WORKSHOP:

SURVEYOR:

---

Name:  
Date/Time:

---

Name of Surveyor:  
Contact Number:  
Date/Time:

---

**PRE-REPAIR SURVEY (2)**

WORKSHOP:

SURVEYOR:

---

Name:  
Date/Time:

---

Name of Surveyor:  
Contact Number:  
Date/Time:

---

**POST-REPAIR SURVEY**

WORKSHOP:

SURVEYOR:

---

Name:  
Date/Time:

---

Name of Surveyor:  
Contact Number:  
Date/Time:

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 06 Oct 2020 / 09:30:00 )

## Vehicle Insurance Details



Vehicle No.:

**GBG7765U**

Make Description/Model:

**TOYOTA / DYNA 150 5MT**

Insurance Company Name:

**CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Business Transaction Reference No.:

**20201006174138162400**

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

Save as PDF

OK →

Print