

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

ARULCHELVAN S • DANIEL WOO

Our Ref : SMM 2465G (Jr)

Your Ref : To be advised

15 January 2021

**AXA INSURANCE PTE. LTD.**

**BY EMAIL ONLY**

Dear Sirs,

**RE: PROPERTY DAMAGE CLAIM**  
**CLAIMANT : FRESH CARS PTE LTD**  
**ACCIDENT INVOLVING SMM 2465G & SHA 3394T ALONG 116 BUKIT MERAH**  
**VIEW ON 14 JANUARY 2021**  
**PRE-REPAIR SURVEY NOTICE**

1. We act for FRESH CARS PTE LTD, the owner of motor vehicle no. SMM 2465G 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. SHA 3394T 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)

Our Ref : SMM 2465G (Jr)

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**PRE-REPAIR SURVEY (1)**  
WORKSHOP:

SURVEYOR:

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Name:  
Date/Time:

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Name of Surveyor:  
Contact Number:  
Date/Time:

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**PRE-REPAIR SURVEY (2)**  
WORKSHOP:

SURVEYOR:

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Name:  
Date/Time:

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Name of Surveyor:  
Contact Number:  
Date/Time:

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**POST-REPAIR SURVEY**  
WORKSHOP:

SURVEYOR:

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Name:  
Date/Time:

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Name of Surveyor:  
Contact Number:  
Date/Time: