

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

ARULCHELVAN S • DANIEL WOO

Our Ref : SJA 9095T (Jr)

Your Ref : To be advised

16 February 2021

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

**BY EMAIL**

Dear Sirs,

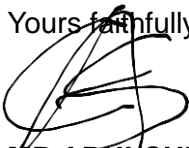
**RE: PROPERTY DAMAGE CLAIM**  
**CLAIMANT : CHANG PRIVAUTO**  
**ACCIDENT INVOLVING SJA 9095T & GZ 8090S ALONG PICKUP POINT OF 9**  
**WOODLANDS AVENUE 9 SINGAPORE 738964 ON 2 FEBRUARY 2021**  
**PRE-REPAIR SURVEY NOTICE**

1. We act for Chang Privauto, the owner of motor vehicle no. SJA 9095T 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. GZ 8090S 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>PKS Automotive Pte Ltd</b>
<b>Address</b>	<b>8 Kaki Bukit Avenue 4 #01 – 52, Singapore 415875</b>
<b>Contact Person</b>	<b>Mr. Sean (8614 6767)</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 : SJA 9095T (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 02 Feb 2021 / 16:45:00 )

## Vehicle Insurance Details



Vehicle No.:

**GZ8090S**

Make Description/Model:

**TOYOTA / DYNA 3.0 M**

Insurance Company Name:

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

Business Transaction Reference No.:

**20210216174357774210**

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

Save as PDF

OK →

Print