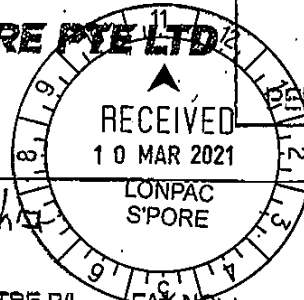




CAR CITY AUTO CENTRE PTE LTD
Car City Always

FACSIMILE



"WITHOUT PREJUDICE

to any

PERSONAL INJURIES"

DATE: 10/03/21 16:45h

FROM: CAR CITY AUTO CENTRE P/L

TO: Lompac Insurance Bhd

OUR REF NO: SGV95435

Total no. of pages (incl this page)

11

FAX NO:

ATTN:

MOTOR CLAIM DEPT

YOUR REF NO:

SGQ1587U

Please call

HO TOO BOON

phone

6781-0300 / 9621-4666

(if you do not receive the correct no. of pages)

Dear Sir,

**MOTOR 3rd PARTY CLAIM AGAINST
NOTICE OF ACCIDENT & PRE-REPAIR SURVEY- NON-INJURY MOTOR
ACCIDENT (NIMA) PROTOCOL.**

Please refer to our customer's vehicle SGV95435 Singapore Accident Statement /
Police Report filed involving in an accident on 04/03/21 with your insured
vehicle SGQ1587U.

☒ We have ~~assessed~~ ^{are} / in the midst of assessing the damages and put together an
estimate of damaged repair for your consideration.

☒ As a result of the accident, our customer's vehicle has been damaged. Before we
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,
we shall proceed to repair the vehicle without further reference to you.

☒ Please confirm by fax / email whether you are agreeable to a Direct Settlement with
liability in favor in our customer. If Not agreeable please email or fax us a copy of your
insured Singapore Accident Statement / Police Report.

☐ For this particular case, we would appreciate very much if you could assess the
liability issue first.

☐ We would like to request a copy of your insured vehicle Singapore Accident
Statement. Please email or fax to us.

We look forward to your early response.

Blk 9006 Tampines Street 93
#01-198 Singapore 528840
TEL: 67810300 FAX: 67820300
EMAIL: ccacpl@singnet.com.sg