

Date / Time : .....17/12/2021.....

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

.....Sompo..... Insurance

Motor Claim Department

Dear Sirs/Madam,

PRE-REPAIR INSPECTION

YOUR INSURED VEHICLE REGISTRATION NO. SKG5932K.....

ACCIDENT ON 16/12/2021.....BETWEEN GZ5311A & SKG5932K  
& .....

We are the repairers of motor vehicle registration  
no. GZ5311A.....

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