

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Attn: Motor Claim Department

Date: 23/12/2021

Time: 11.15am

By Fax: 62213147

Tel: 63295175

Email : motorsurvey@sompo.com.sg

To : **Sompo Insurance Singapore Pte Ltd**

Accident involving your insured vehicle No. **XE945M** with
Our/My vehicle No. **SLR590B** on **20/12/21** along **Junction of Clementi Road**
(Ulu Pandan) And Clementi Road (West Coast) Near to U Town Residences (S).

1. I, We, the owner of Vehicle No. **SLR590B** intend to make a 3rd party claim against your insured.
2. Our/My Vehicle is now at the workshop **Million Auto Service** Tel: **65670817**
No. 4 Penjuru Place #01-12, 2.8 Penjuru Tech Hub (S)608782 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to **67914716**,
And reply within 2 days whether you wish to inspection the vehicle or waive inspection.

Hee Wan Jong
Your faithfully

Surveyor Name:
Tel:
Email:
Date:
Signature: