

Date : 7/4/22

THIRD PARTY INSURANCE CLAIM

Claimant : Singaram Ramachandran

Address : _____

Third Party Insurer : MS First Capital

Attn : Motor Claims Dept

ACCIDENT INVOLVING VEH NO. FBP 3420 T & SHB 888A ON 4/4/22

I am the owner of vehicle No. FBP 3420 T which was involved in the above accident with vehicle No. SHB 888A which I understand is insured with you.

The accident was occurred due to your insured's (veh no. SHB 888A) negligence, my motorcycle sustained damages and is now at my workshop :

Leong Seng Motor Pte Ltd.

BLK 1006, Bukit Merah Lane 2,

01 - 08. Singapore 159762. Tel : 62737469.

I hereby authorized my workshop Leong Seng Motor Pte Ltd to handle all my insurance claim matters.

Please arrange your representative / surveyor to inspect my motorcycle at the abovementioned workshop as soon as possible.

Thank you .

Yours faithfully

