Your Ref · S2M04DPC

FBT 1137D

Our Ref : JP/DS/22/SMR 6430D/SW Tel : 3152 0981

Date : 31 Octobr 2022 Email : accident@kscgp.com

AXA INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 30 OCTOBER 2022 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you a surveyor from our client's list of surveyors as appended below:-

S/no	Name of Surveyor	Company name
1	William Ng	Allied Auto Appraisal

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Seng Hwee Motor

Block 1018 Yishun Industrial Park A,

#01-350,

Singapore 768760

Contact Person/Tel : Mr Kueh (6755 5205 / 9786 5675)

Yours faithfully,

Ds

 $\begin{array}{c} \text{Your Ref} \\ \end{array} \begin{array}{c} : S2M04DPC \\ FBT \ 1137D \end{array}$

Our Ref : JP/DS/22/SMR~6430D/SW

Date :

Acknowledgement

Thi	s is to confirm that I		-		
-	[Sı	irveyor's Company	I nave completed as follows:-		
(a)	Pre- Repair Survey/Inspection on	[Date] at	[Time].		
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:			
(b)	Pre- Repair Survey/Inspection (during disman	tling) on	[Date] at[Time].		
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:			
(c)	Re-inspection of new replacement part (part by part) on [Date] at[Time].				
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:			
(d)	Post – Repair Survey/Inspection on	[Date] at	[Time].		
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:			