







| Date: 05/12/22 | |
|---|--|
| To EQ insurance singapore | |
| Motor Claims Department | By email only |
| Singapore | |
| Door Sir/Mdm | |
| Dear Sir/Mdm, NOTIFIC | ATION OF ACCIDENT |
| | involving my/our vehicle no. SBS3448Z had taken place at / along Upper E Coast Rd on date 20/11/2022 at time |
| 20.40 (301) | |
| Kindly let us know within 2 working d or waive a pre-repair inspection. | ays from the date of this notice if you wish to carry out |
| | working days, we shall proceed to repair the vehicle shall claim for the additional loss of use arising from the |
| Please call Mr <u>Thomas Hoo</u> at | <u>97898644</u> to arrange. |
| Yours sincerely, | PRI |
| , | Date / Time |
| | Company Name |
| | Surveyor |
| | Contact No. |
| | Signature |
| | DISMANTLED PARTS |
| | Date / Time |
| | Surveyor |
| | AFTER REPAIR |
| | Date / Time |
| | I Commence of |

BOXFRESH PTE LTD







