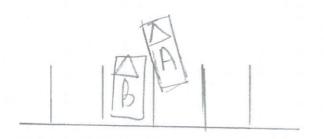
Sketch Plan Pg. 2

SKETCH PLAN

71 PIONEER ROAD CTUAS AMENTY CENTRE)



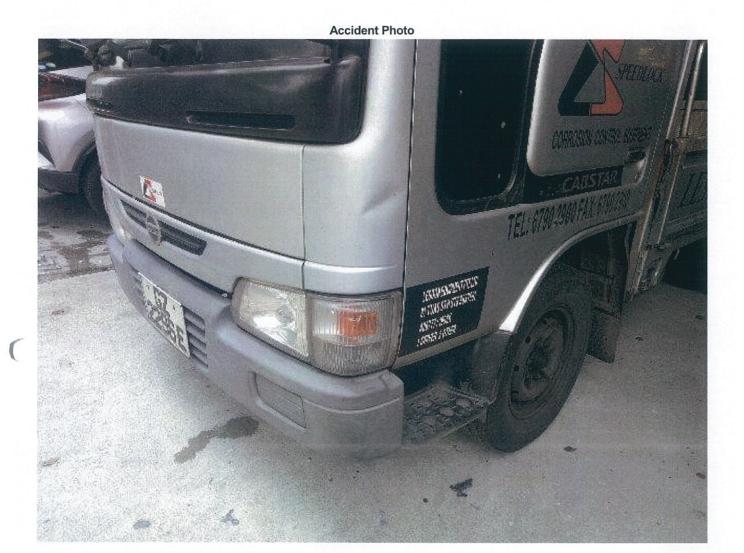
f= G22296E 5= SKW3080Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUISTAIVEE.	OF THE ACCIDENT			
LICENSE PLATE: G222	abe	ACCIDENT DATE &	TIME: 11/04/10/0	1 6 1300hus
CONTACT NUMBER: 08	152467.	E-MAIL ADDRESS:		
LOCATION: 71 DIDLAGE	or Road C. Tuas	AMPHHU CO	utte).	
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(Tuas Amerita	1 (entire). Howe	aler, I'm un	avale that	mu venile
had contacts +	Ath the above	even & CS	KW3080Y).	Lecelved
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vehicle's insula	ane compani	of thus the	Late Lepott	ing. That's
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NOTE: DI EASE NOTE	THAT YOUR INSURER MA	V HAVE 14 DAVE TIME	E EDAME EOD VOLLT	O CLIDAIT AN
	NDER YOUR OWN POLICY			
	TOUR OWN TOLIO	TELAGE OFFICE TOC	TO CLOT TO KNOK	LINFORMATION
Please state:	() () () ()	() 0) : 00 (0)		
() Claim Own Policy	() Claim Third Party	() Claim OD/TP at oth	er workshop ()	Reporting Only
I/We declare the foregoing part	ciculars are true in every resp	ect.		TOW * AS
Policyholder's signature	Driver's Signature	- 1: h - 1.d \	Reporting Centre Per	sonnel's Signature
Date & Time:	(If driver is not the po Date & Time:	olicyholder)	Name: NRIC/FIN No.:	abilah.





CABSTAR
TEL: 6790-2900 FAX: 6790-2910