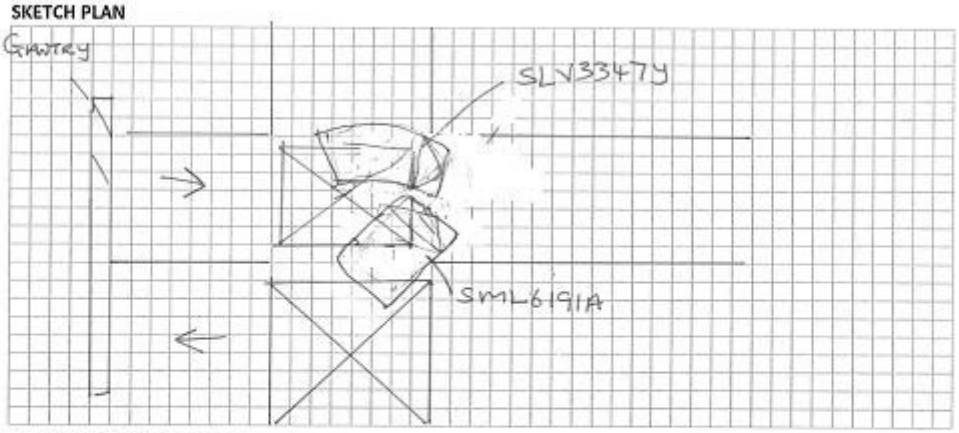
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SML6191A

ACCIDENT DATE: 16/7/20 CONTACT NUMBER: 96882599

ACCIDENT TIME: 18.00 HRS EMAIL: bhlim_g9@yahoo.com.sg

LOCATION: 61 KAKI BUKIT AVE 1

I HAVE CHECK FOR TRAFFIC BEFORE PROCEEDING, SLV3347Y FROM THE GANTRY DASH THRU & SQUEEZE ONTO THE LEFT CAUSING DAMAGE TO THE LEFT FRONT OF MY VEHICLE.

UPON COMING DOWN, SLV3347Y DRIVER MENTION THAT HE IS LATE IN PICKING UP A PASSENGER, IN A VERY RUSH MANNER. AND HE HAS ALREADY MOVE HIS CAR FURTHER FRONT & PARKED INTO THE LOT.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: (✓) CLAIM OWN POLICY ( ) CLAIM THIRD PARTY ( ) REPORTING ONLY

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanForm_V3 2

CI

Accident Photo

Accident Photo

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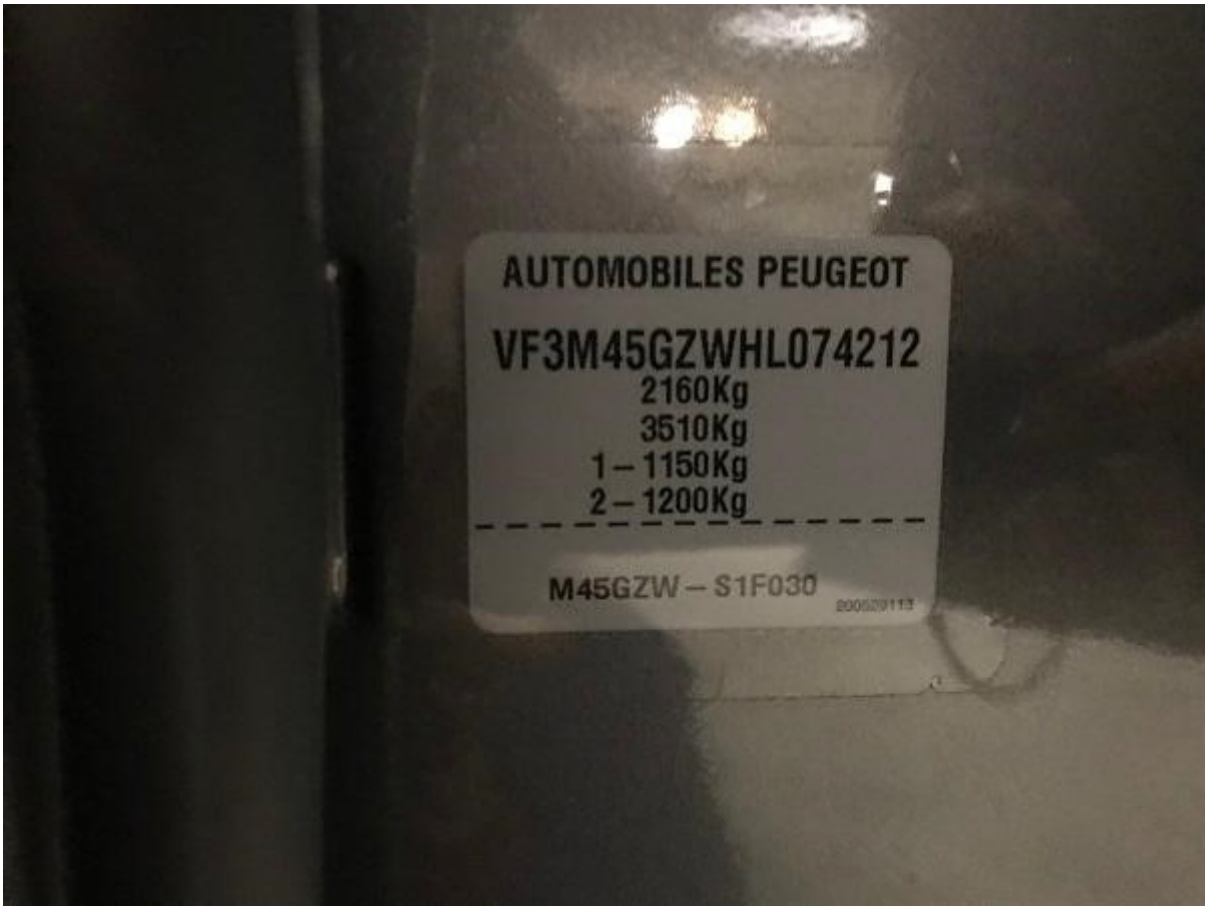

Accident Photo

Accident Photo