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CRIBE CIRCUMSTANCES OF	THE ACCIDENT			
As a p	lice Repo	of T/20200	727/701	4
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DECLARATION

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

X

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: H

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: