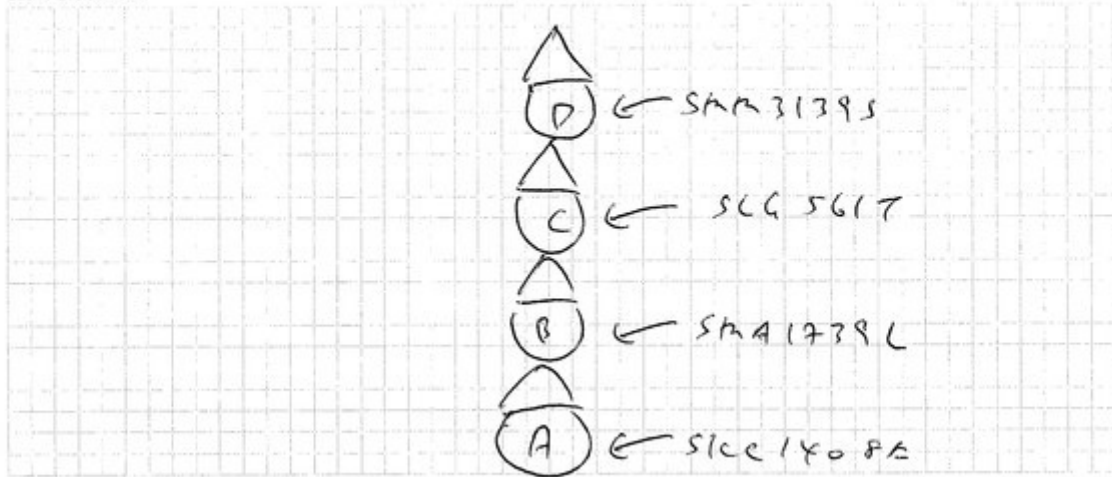


SKETCH PLAN

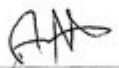


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B in front had collided C in front, upon seeing it, I cannot brake in time and hit onto vehicle B rear part. Total 4 vehicles was involved.

DECLARATION

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


Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Driving License

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

