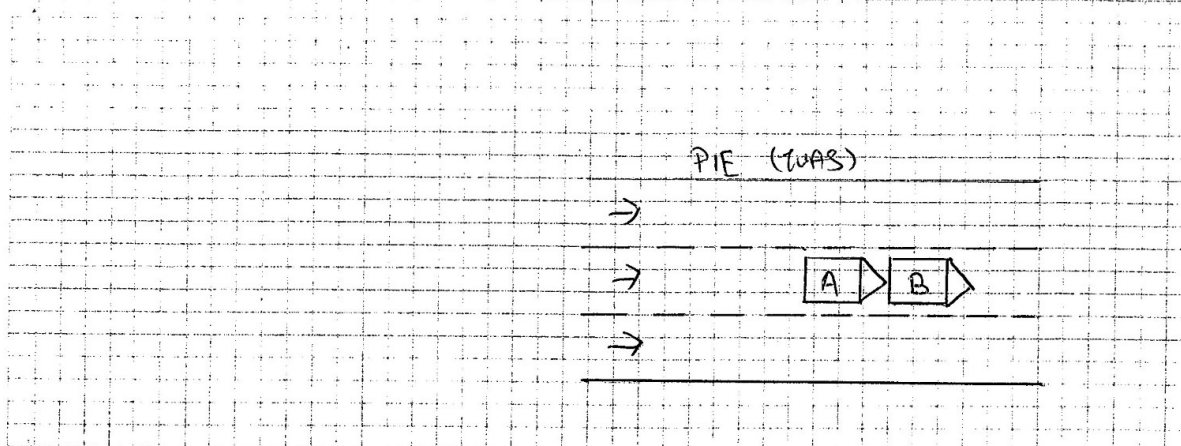


SKETCH PLAN

SKETCH PLAN

Date of Accident: 6/1/21 Time: 2pm Location: PIE (TWAS)

My Vehicle A: SJF 3152A Vehicle B: SGY98196 Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : 7/20210106/7064

() Claim OD/TP at Ah Lim Motor () Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to:
My workshop : LEONG AUTO
email address : fjh@leongauto.com.sg
& myself :
email address :

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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.: 07/11/202



























