




**Describe Circumstances of the Accident**

On stated date and time, my vehicle (SMM 9964L) was travelling on AYE exiting to Lower Delta Road. I stopped my vehicle as there were cars on the major road. Vehicle B (SJF 3544C) could not stopped in time and collided into the rear of my vehicle.


The rear of my vehicle are damaged badly.

**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

  
Witnessed by Reporting Centre Personnel









