

Date of accident: 19.4.2021 Time: 0810 Location: West Coast Road
 Veh A: FBP9390G Veh B: SME5210Y No of pax: 2 Weather: Clear/dry Rain/Wet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report.
 T/20210419/2082

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

yanni1969@gmail.com

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: 20.04.21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

































