SKETCH PLAN		
	EXIT CA 2	B- SJU 97467 B- SMC 575/N
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
et geyling seril  pry and texp  no enstry usedie  Jusz - Sne F7 9	4-4-2021 fine around 2-20pm,  The my and reason could's on the same processory I to  H. But when I reverse I	I we every curpart gently of differ as I neverse to we been , I believe these is accordingly have these as - tooks
against your own policy ( whereby the claim must	orkshop that in the event that you wish <b>to cl</b> OD claim), there is a <u>Fourteen (14) days cla</u> be made within the stipulated timeframe fro the day of occurance.	cuse Claim OD
DECLARATION  I/We declare the foregoing part	iculars are true in every respect.  fr 27 - 4 - 24	1 milyar
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.:















