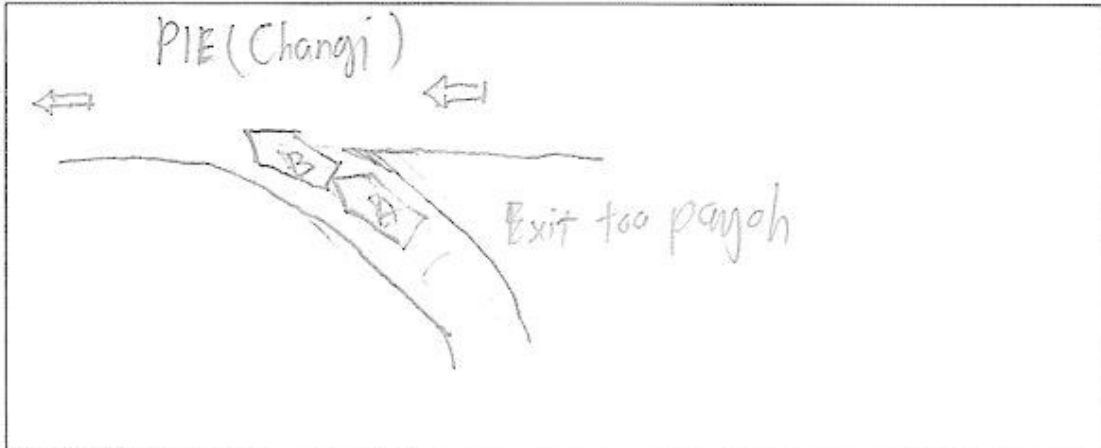


Date of accident: 29/4/21 Time: 1230 Location: Srip rd ind PIE
 My Vehicle A: SPS 1812 U Vehicle B: SMJ 651 B Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am car ~~B~~A. While exiting the service road to PIE, I check on the cars at PIE, but never notice car A stop the car, and I knocked the Car ~~B~~A bumper.

☐ 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 :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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.:

AH LIM MOTOR COMPANY



















