

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT   |       |                                 |  |  |  |
|--|-------|---------------------------------|--|--|--|
| Both vehicles A & B were travelling on Upp S   | eran  | from Rd, then                   |  |  |  |
| filtered left into slip road towards hop Paya L  | ebar  | Rd. Car A                       |  |  |  |
| stopped at the dotted line on the slip wood a  | d (   | ar B wal                        |  |  |  |
| immediate behind. When traffic on Upp Raya L   | ebar  | Road 10 was                     |  |  |  |
| cleaved, Car A moved off Room Stationery p   | posit | 10 h. Car B                     |  |  |  |
| followed Cofrer I ensured there knos no on   |       |                                 |  |  |  |
| from the right). On ear & moved off he   |       |                                 |  |  |  |
| (Rom Stationery position), Car A suidenly  |       |                                 |  |  |  |
| creshed into Car A.  | ¥     |                                 |  |  |  |
|  |       |                                 |  |  |  |
|  |       |                                 |  |  |  |
|  |       |                                 |  |  |  |
|  |       |                                 |  |  |  |
|  |       |                                 |  |  |  |
| You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. |       | Reporting Only                  |  |  |  |
|  | 1     | Claim OD                        |  |  |  |
|  |       | Claim TP                        |  |  |  |
|  |       | Claim OD / TP at other workshop |  |  |  |
|  |       |                                 |  |  |  |

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 【の】 从 2021

9.30 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





























