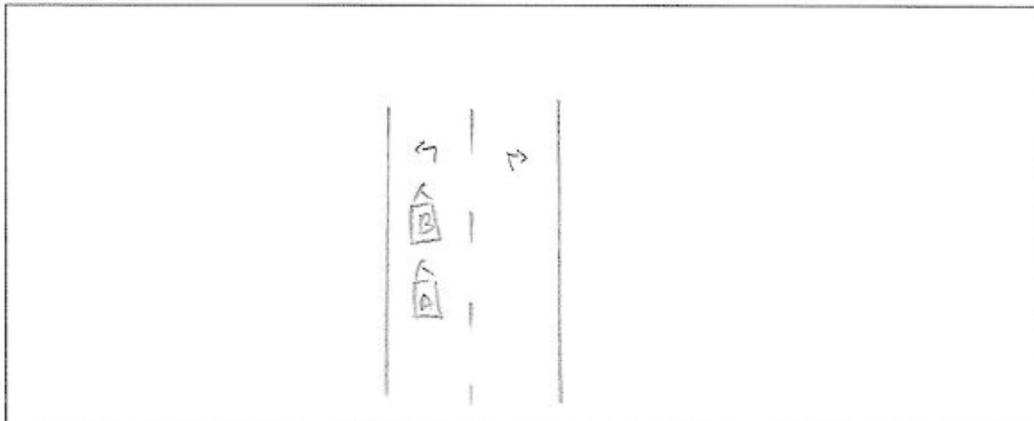


Date of accident: 17/7/21 Time: 1040am Location: Riverside Link
 My Vehicle A: SML355P Vehicle B: SL277THJ Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the traffic junction. My car moved forward slowly & hit the rear of front vehicle.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my file 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:

Wong Chuan
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

RECEIVED 19 JUL 2021

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:



COMPLETED 19 JUL 2021





























