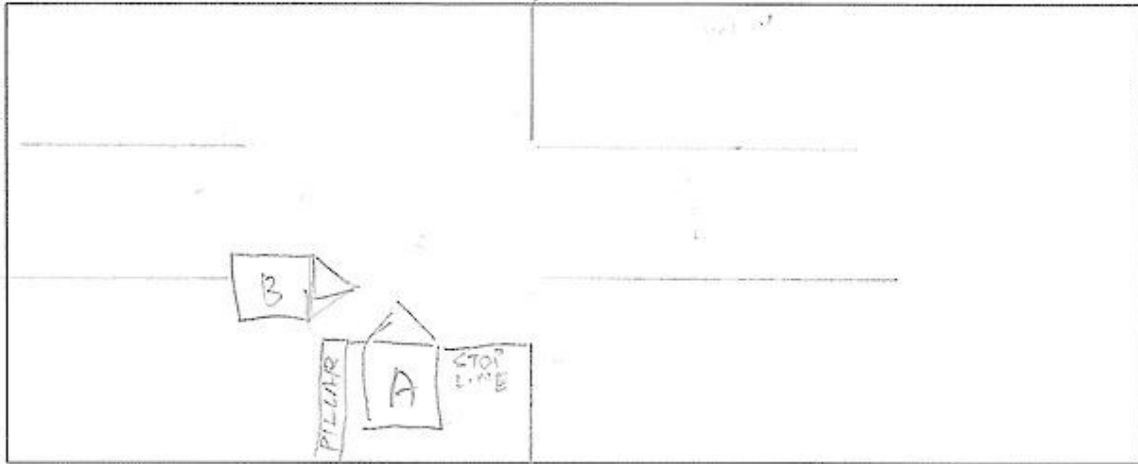


Date of accident: 20/9/2024 Time: 2.08pm Location: Carpark (HDB, Toon payoh)
 My Vehicle A: SGK 2347Z Vehicle B: SGK 3380S Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle was exiting carpark, at a junction blinded by the pillar on the left, third party vehicle (B) was collided at a slow speed. Vehicle (A) was travelling at low speed, ~~as compare~~ however (A) has already crossed the white line (stop line) and thus collided with the vehicle (B).

☐ 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









