

**MOTOR VEHICLE WARRANTY CLAIM FORM**

The issue and acceptance of this form is not an admission of liability on the part of the company.

**THE INSURED**

Name: DANIEL LING Occupation: SELF EM  
Address: CO PUNGGOL DR #01-04 SPORE 828794  
Tel: (Office) \_\_\_\_\_ (Res.) \_\_\_\_\_ HP 816 336 93  
Vehicle No.: SKK8524P Make of Vehicle: Mercedes CLASO C.C 1595 Year: 2013  
Policy No. \_\_\_\_\_ Insurance Period \_\_\_\_\_ To \_\_\_\_\_

**DETAILS OF LOSS:**

Date / 5/11/21 Time / 11.30 am Place / Elite Autocare club Pte Ltd

Explain specific damages.

Knocking Noise when cross hump & driving on uneven Road  
Diagnostics show suspect steering rack noise

Please take note that repairs should not be proceeded without our approval.

I hereby declare that, to the best of my knowledge and belief, the above statements are fully and truly made.

818CA



Date 05/11/21

Signature of Insured (if Company, please stamp and indicate the name of the person signing the form)

If you receive any other details in anyway connected with this claim, please forward them to the Company immediately.

**FOR OFFICE USE ONLY**

Sum Insured: \_\_\_\_\_

Add. Cover a) \_\_\_\_\_

Excess: (Section I) \_\_\_\_\_

H/P \_\_\_\_\_ Agency \_\_\_\_\_

Premium \_\_\_\_\_ NCD \_\_\_\_\_

R.I. \_\_\_\_\_