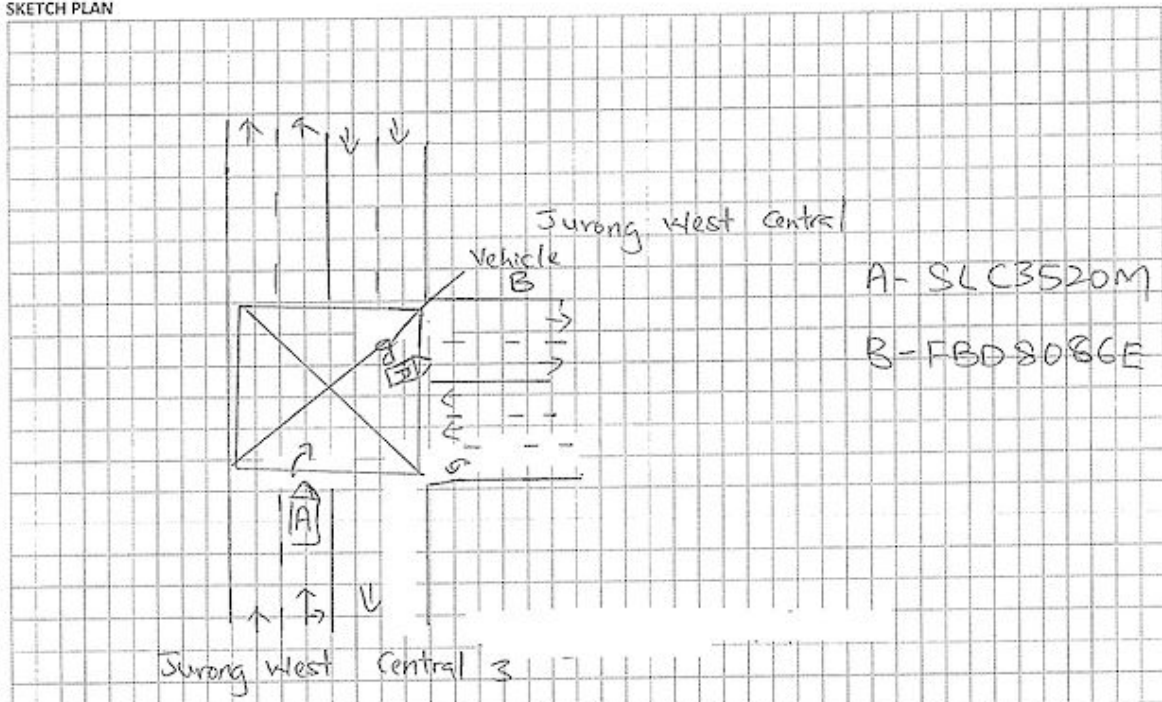


SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2021/208/2124

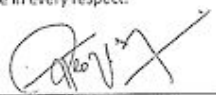
DECLARATION

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


Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

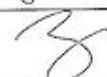

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose
 Policy No. P10154999R02
 Insurer Budget Veh.No. SLC3520M



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











