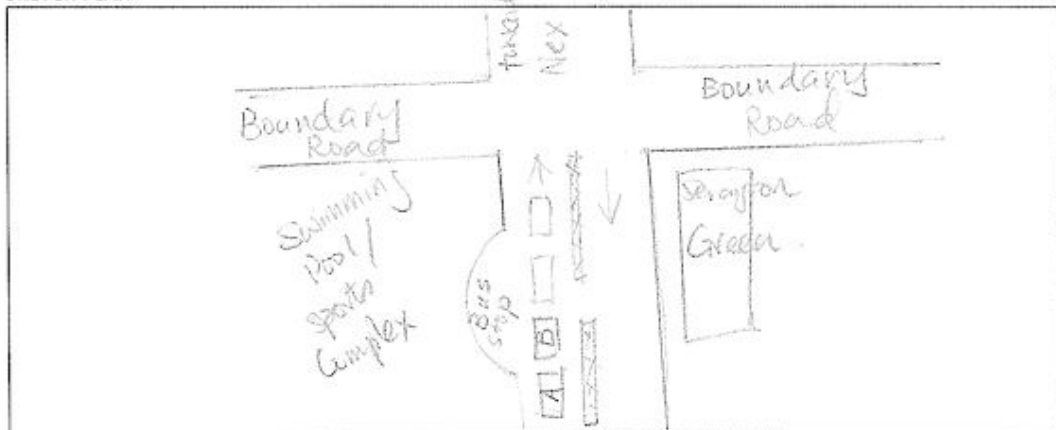


Date of accident: 4/1/22 Time: about 6.56pm Location: Y10 class room unit
 My Vehicle A: SFO 2868P Vehicle B: SE45U Vehicle C: /
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls see attached

☐ 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 your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/1/22

1608pm

Zila
 Ah Lim Motor Company

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

