| SKETCH PLAN | | | |
|---|---|----------------|--|
| | SMA 242TK | | |
| FBG | 29114 | Je | |
| DESCRIBE CIRCUMSTANCE | s OF THE ACCIDENT | | |
| | | | |
| | | | |
| against your own policy (whereby the claim must | orkshop that in the event that you OD claim), there is a Fourteen (1 be made within the stipulated tin the day of occurance. | 4) days clause | Reporting Only Claim OD Claim TP Claim QB / TP at other workshop |
| DECLARATION I/We declare the foregoing part | iculars are true in every respect. | | A |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policyholder | | g Centre Personne's Signature |

Date & Time:

NRIC/FIN No.:











