y Vehicle A: <u>SMH 395</u> KETCH PLAN	YES Vehicle B: PC938B	Vehicle C: 5528103 &
	Mondai Road	
*	*	
,	ID. IADIC	<u> </u>
-		
ACT O'DE SAN THE SECOND		
		SJZ81026
	PC925B SMH39549	,-
	0/24/5	,
ESCRIBE CIRCUMSTANCES C	. ) /1	
Un 23/1/2	, at about 9.50 an	-, my can SMH3954G
were along A	landoù Pot Thurse	Was road work
in find of	ns (near to than	the lights before
from to March	ai lalce). A white	av SJZ 81026
Was slowing		w sixt. Suddenly
a van PC 97	SB couldn't stop in	
and collided	into my rear part	
in two to	e my car forward	formits STZ 4626.
Claim OD/TD at Ab Lin	n Motor Office Over	vodushon Demostra Och
Claim OD/TP at Ah Lir Remarks: Please forward a	copy of my efile accident report to :	. – .
My workshop : T. S. S. Email address : bee wal	noter service betwail.	com.
& myself : Email address :	3 3 15	
	t your insurer have 14 days timeframe for y ck with your own insurer for more informa	
DECLARATION		AH LIM MOTOR C
/We declare the foregoing partic	ulars are true in every respect.	9LK 10. ANG MO KIO INDUSTRIAL PAR
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
State by the second state of the second	Date & Time:	NRIC/FIN No.:



































