

Your Ref: WWW987
Our Ref: XXX1234

Dated: DD/MM/YYYY

THE CLAIM MANAGER

(Opponent Insurance Company)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Tel: (Opponent Insurance Tel)

(OUR INSURED NAME)

(Address)

(Address)

(Address)

(Address)

Tel: (Insured Tel)

MOTOR POLICY/ COVER NOTE:

ACCIDENT INVOLVED VEHICLE NO: (OUR INSURED VEHICLE) AND (OPPONENT VEHICLE) ON (ACCIDENT DATE)

With reference to above mentioned accident that occurred at about **(TIME)** on **(ACCIDENT DATE)** at **(ACCIDENT LOCATION)**, I wish to inform you that vehicle **(OPPONENT VEHICLE)** insured under your company has caused damage to my vehicle to my vehicle no: **(INSURED VEHICLE)**.

I am lodging a claim for the damage incurred to my vehicle against vehicle number: **(OPPONENT VEHICLE)**

I enclose herewith a copy each of the following documents for your reference.

- (A) Photocopy of Insurance Cover Note
- (B) Photocopy of Driving License and Identity Card (Insured)
- (C) Photocopy of Registrations Card
- (D) Photocopy of Police Report for (Insured Vehicle) & (Opponent Vehicle)
- (E) Photocopy of Keputusan Kes and Third Party JPJ Search
- (F) Photocopy of Approved Letter.

I am therefore submitting here to wait for a claim for consequential losses due to the negligence driving of your insured.

- | | |
|--|-----------------|
| 1. Loss of use - (14 Repair Days) @ RM50 | RM _____ |
| 2. NCD (__%) | RM _____ |
| Total | RM _____ |

Hope to hear from you within 14 days from the date hereof.

Yours faithfully.

(Insured Name)

