Insured Name:		
Address:		
Contact Number:		
Liberty General Insurance Bhd		
Corporate Tower 9, Level 9,		
Pavilion Damansara Heights,		
3 Jalan Damanlela, 50490 Kuala Lumpur		
Dear Sir,		
ACCIDENT ON INVOLVING VEHICLE NO:		
I refer to above matter.		
Please be advised that my vehicle Noaccident on	is	of age had met an
I understand the policy issued is subject to application above for parts recommended for replacement.	on of bettern	nent for vehicles aged 5 years and
Since my vehicle is aged at the material time of a to betterment in the percentage of%	accident, the	e replacement part will be subject
I do not wish to contribute for the betterment as state the appointed repairer to use non-franchise parts / offset the betterment contribution.		- -
Thank you.		
(Please Sign Here)		
Name and Date:		