

MOTOR VEHICLE CLAIMS GUIDELINES (MCG) ACCIDENT REPORTING STATEMENT

Not applicable to accidents involving:

- | | |
|---|--|
| <ul style="list-style-type: none"> - Injuries or fatalities. - Hit and run. - Intoxicated drivers (Driving under the influence of alcohol or drugs). | <ul style="list-style-type: none"> - Damage to Government Property (excluding Government registered i.e. BG cars). - Pedestrians or cyclists. - Royal Family registered vehicles (i.e. registered initials only). |
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IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or Authorized Driver**.
3. Information provided must be **truthful and accurate** as possible. Any willful misrepresentation or withholding of material facts may allow insurance/takaful companies to repudiate liability.
4. The issue and acceptance of this Form by insurance/takaful companies is not an admission of liability on the part of the insurance/takaful companies.
5. **Any false reporting may be referred to the Royal Brunei Police for investigation.**
6. Please make sure to attach:
 - a. A photocopy of your Vehicle Registration Card (Blue Card);
 - b. A photocopy of Insurance/Takaful Policy;
 - c. A photocopy of the Policyholder's Driving License and IC;
 - d. A photocopy of the Driver's Driving License and IC (if you are not the policyholder);
 - e. An accident photos.

ACCIDENT STATEMENT

Date of Report	<input style="width: 100%;" type="text"/>		
Time of Report	<input style="width: 100%;" type="text"/>		
Date of Accident	<input style="width: 100%;" type="text"/>		
Time of Accident	<input style="width: 100%;" type="text"/>		
Exact Location of Accident	<input style="width: 100%;" type="text"/>		
Country/District of Loss	<input style="width: 100%;" type="text"/>		
Accident involving:	Vehicle	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Property	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Others	<input style="width: 100%;" type="text"/>	

DETAILS OF OWN VEHICLE

Vehicle Registration Number	<input style="width: 100%;" type="text"/>
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Insured/Policyholder

Name of Registered Owner	<input style="width: 100%;" type="text"/>
Identification Card No	<input style="width: 100%;" type="text"/>
Mobile Phone No	<input style="width: 100%;" type="text"/>
Alternative Phone No	<input style="width: 100%;" type="text"/>
Email Address	<input style="width: 100%;" type="text"/>

Vehicle Particulars

Manufacturer

Model

Engine No.

Year of Manufacture

Cylinder Capacity (cc)

Chassis No.

Are there any modifications that have been made to the vehicle? Yes No

If yes, please specify.

Vehicle Category

Exact purpose for which vehicle was being used at time of accident

Insurance/Takaful Details

Name of Takaful/Insurance Company

Type of Coverage

Fleet Policy Yes No

Policy Number

Cover Note Number

Is the insurance for your vehicle still under the name of the owner you have bought the car from? Yes No

If yes, please state: name and date of purchase.

Are you claiming under your own insurance policy for repair to your vehicle? Yes No

If no, please state action to be taken

Driver Details

Name of Driver

Identification Card No

Date of Birth

Gender

Do you have any disabilities? Yes No

If yes, please state the details.

Occupation

Type of Driving License Full L Expired None

Date and Place License was issued

Driving Experience Expiry of Driving License

Mobile Phone No Alternative Phone No

Email Address

Address

Postcode

Was driver an employee of the Insured's Company? Yes No

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance/Takfaful Company of Driver's Own Vehicle

Past History of Driver

Were you involved in any accidents in the past? Yes No

If yes, please state the details.

Have you ever been convicted with traffic offences in the past? Yes No

If yes, please state the details.

DETAILS OF PASSENGERS OF OWN VEHICLE

Particulars of Passenger

Name

Identification Card No.

Telephone No.

Particulars of Passenger

Name

Identification Card No.

Telephone No.

Particulars of Passenger

Name

Identification Card No.

Telephone No.

Particulars of Passenger

Name

Identification Card No.

Telephone No.

DETAILS OF OTHER DAMAGED VEHICLE/PROPERTY

1. Particulars of Policyholder/Driver

Name

Identification Card No.

Telephone No.

Address

Vehicle Number (if applicable)

Brief Description of Damage

Insurance/Takaful Company

2. Particulars of Policyholder/Driver

Name

Identification Card No.

Telephone No.

Address

Vehicle Number (if applicable)

Brief Description of Damage

Insurance/Takaful Company

3. Particulars of Policyholder/Driver

Name

Identification Card No.

Telephone No.

Address

Vehicle Number (if applicable)

Brief Description of Damage

Insurance/Takaful Company

Circumstances of Accident

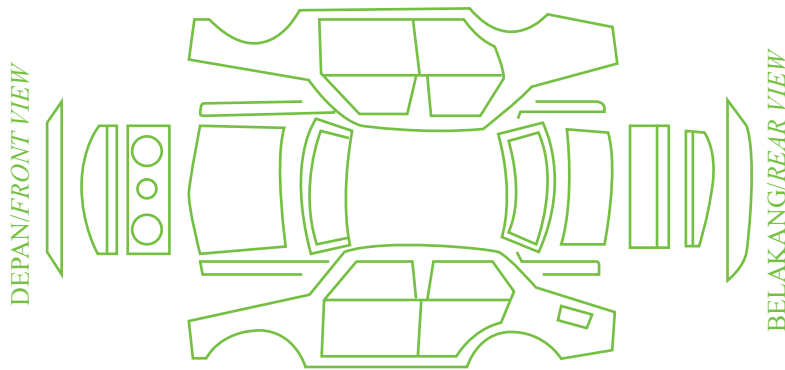
Damage to the Vehicle

Were there any existing damages on the vehicle before the accident? Yes No

If yes, please state the details.

Was the vehicle drivable after the accident? Yes No

Please mark (X) on the damaged part of the vehicle due to the accident:



Repair Cost Estimate \$

Other Information

Were you, as a driver:

Driving under the influence of alcohol / drugs? Yes No

Taking medicine? Yes No

Feeling lethargic or tired whilst driving? Yes No

Approached by unknown person(s) soliciting/offering accident claims assistance? Yes No

Do you think you were negligent as the driver? Please specify the reasons why. Yes No

Attachments

Are accident photos available for attachment? Yes No




Was there any video captured by Car camera/Dashboard camera? Yes No

Accident Photo



Sketch Plan

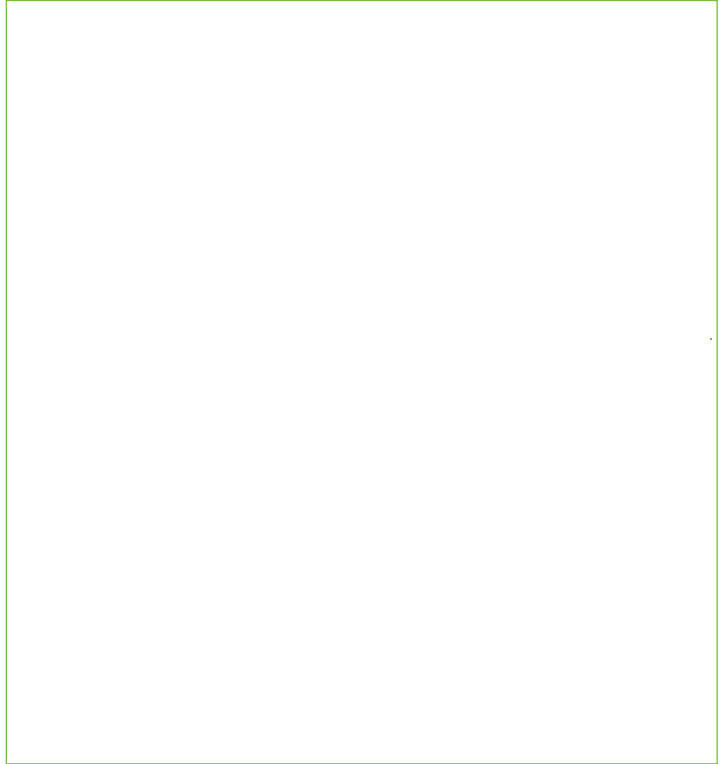
Note:

1. State number of the vehicles involved 1) 2); 
2. Use the arrow to indicate the direction of vehicles before the incident and  for after the incident;
3. Mark and name the buildings of the immediate surrounding area; 
4. Mark the traffic lights in the vicinity

Position Before Accident:



Position After Accident:



DECLARATION OF DRIVER AND POLICYHOLDER

I/We to the best of my/our knowledge hereby confirm that the statements contained above are true and correct and that I/We have not concealed, misrepresented any material facts in relation to the claim. If I/We provide false statements, **Takaful Brunei Am** shall reserve the rights to repudiate My /Our claim.

I/We further agree to provide full cooperation to **Takaful Brunei Am** or any other party acting on behalf of **Takaful Brunei Am** pertaining the claim.

Signature of Policyholder

Date:

Signature of Driver

Date:



TAKAFUL BRUNEI AM

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