

MOTOR ACCIDENT DECLARATION FORM

Note: Provide a copy of the following (if any).

- A copy of Takaful Certificate;
- A copy of Vehicle Registration Card (BlueCard);
- A copy of Brunei identity card (IC);
- A copy of Driving License;
- Accident photos and/or accident Dash Cam video;

INTERNAL USE ONLY

Date received:

Signed:

Accept Reject

Registration No:

Approved by:

Name:

Designation:

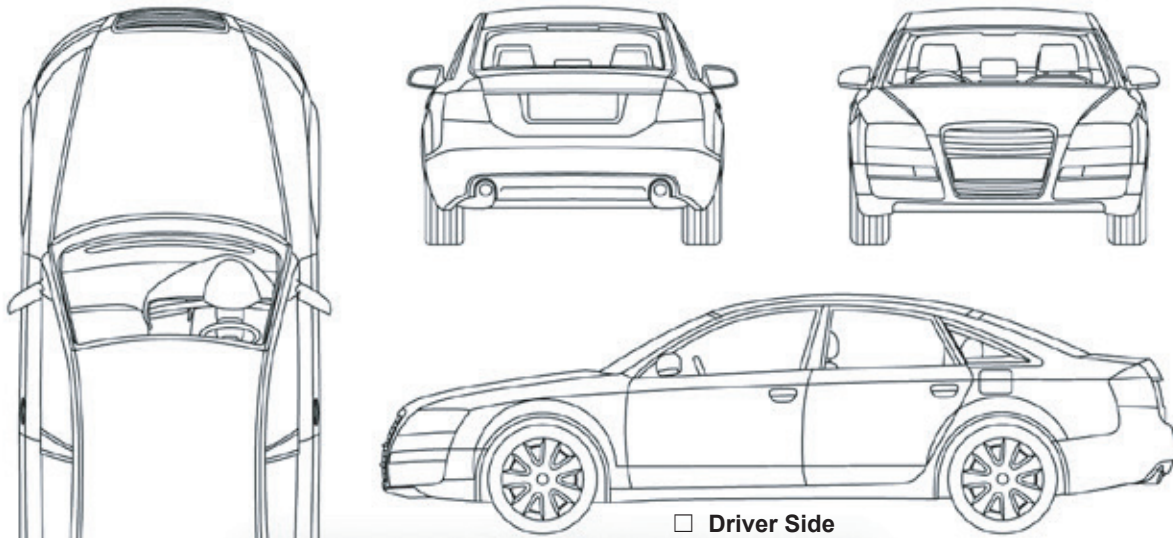
1. Driver's Details (To be completed by Driver)

Note: You **must provide true and correct information**. Takaful Brunei Am Sdn Bhd (TBA) reserves the right to repudiate the Claim if this form is not filled with full and clear information. This form is not to be taken as an admission of liability by TBA.

Participant's Name: (as per I.C.)			
Home No.		Mobile No.	
Office No.		Email:	

2. Damage to your Vehicle (To be completed by Our Participant)

Note: Please **indicate clearly on the diagram below the position of damage caused as a result of this accident only**:



Extent of damage:

None <input type="checkbox"/>	Minor <input type="checkbox"/>	Moderate <input type="checkbox"/>	Major <input type="checkbox"/>	Beyond Repair <input type="checkbox"/>
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Present location of vehicle:

IMPORTANT: IT IS AN OFFENSE TO MAKE A FALSE STATEMENT IN THIS DOCUMENT

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3. Persons Injured Details *(To be completed by Driver)*

Was any injury or fatalities sustained? **Yes** **No**
 Was any third party involved? **Yes** **No**

4. Witnesses *(To be completed by Driver)*

Name/Address	Contact Number

5. Acknowledgement & Declaration *(To be completed by the Driver)*

Were you driving under the influence of alcohol/drugs? **Yes** **No**
 Were you taking medicine? **Yes** **No**
 Were you 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? **Yes** **No**

I declare that to the best of my knowledge and belief the details given are true. I understand that if a claim is intentionally exaggerated or fraudulent or if any fraudulent means or devices are used to obtain benefit under the Certificate then no payment will be made and further action may be taken. If the vehicle is beyond repair I authorise removal to safe storage. I authorise you/your solicitors on my behalf to make enquiries/admission/settlements and give agreement as may be necessary for the disposal of such claims and litigation arising. I authorise the release of my personal information above, and I understand you may seek information from other Takaful operators/insurers to check the answers provided.

I further declare that:

I shall immediately notify Takaful Brunei Am Sdn Bhd (TBA) in the event that any fact, event or matter arises or occurs after the making of this Declaration which renders any of the declarations contained herein untrue or incorrect.

No information likely to affect the acceptance of this claim has been withheld.

I understand that this claim maybe refused if any information is false, inaccurate or concealed.

I hereby agree to provide assistance to any investigation, inquest or proceeding when needed by TBA.

Driver's Signature

Witness Signature

Driver's Name

Witness Name

Date:

Date:

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