

## MOTOR ACCIDENT CLAIMS FORM

### CHECKLIST

Kindly submit the following documents of our Insured and Authorised Driver:  
(Please  tick appropriate boxes)

- 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. Participant's Details *(To be completed by Our Participant)*

*Note: Participant 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.*

<b>Participant's Name:</b> <i>(as per I.C.)</i>			
<b>Home Address:</b>			
<b>Home No.</b>		<b>Mobile No.</b>	
<b>Office No.</b>		<b>Email:</b>	
<b>Please state your relationship with the driver:</b>			
<i>Did you give permission to the driver to drive your vehicle?</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Did you as for any payment for the use of your vehicle?</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Is your vehicle under any financing?</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please state the name of finance company:</b>			

### 2. Details of Vehicle *(To be completed as per Blue Card)*

<b>Registration No.</b>		<b>Engine No.</b>	
<b>Year Registered:</b>		<b>Chassis No.</b>	
<b>Make and Model:</b>		<b>Colour:</b>	
<i>Has the vehicle been modified/altered?</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Does Participant own or have the use of more than one vehicle?</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>

### 3. Driver's Details *(To be completed by Our Participant)*

<b>Driver's Name:</b> <i>(as per I.C.)</i>			
<b>Home Address</b>			
<b>Home No.</b>		<b>Mobile No.</b>	
<b>Office No.</b>		<b>Email</b>	
<b>Identity Card No.</b>		<b>Expiry Date:</b>	
<b>Date of Birth:</b>		<b>Occupation:</b>	
<b>Name and Address of Employer:</b>			
<b>Please state your relationship with the driver:</b>			
<i>Did you get permission from the participant to drive the vehicle?</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Did you have to pay the participant for the use of the vehicle</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>

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Do you suffer from any physical or mental defect, impairment of sight/hearing, diabetes or epilepsy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, please state the condition:</b>		
Are you an <u>employee</u> of the Participant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been <u>convicted</u> with a traffic offence in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been <u>involved</u> in any road accident in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you consume any <u>medications</u> or <u>alcohol</u> before the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you taken to a <u>hospital</u> after the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you requested to take a <u>blood</u> , <u>breath</u> or <u>urine</u> test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, please give details of the test:</b>		

#### 4. Police Details (To be completed by Our Participant)

Did the police attend the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, please give name of Police station:</b>		
<b>Police report No.</b>		
<b>Date of reported:</b>		<b>Time Reported:</b>

#### 5. Accident Details (To be completed by Our Participant)

<b>Date:</b>		<b>Time:</b>	
<b>Location:</b>			
<b>What was your vehicles <u>speed</u> before the accident?</b>			
<b>When you first saw the other vehicle, what <u>action</u> to avoid did you take?</b>	<input type="checkbox"/> No time to Act <input type="checkbox"/> Brake	<input type="checkbox"/> Swerve Right <input type="checkbox"/> Swerve Left	
<b>Please state <u>where</u> accident took place:</b>	<input type="checkbox"/> Straight Road <input type="checkbox"/> Y junction <input type="checkbox"/> X junction <input type="checkbox"/> T junction <input type="checkbox"/> Chain Collision	<input type="checkbox"/> Slip road <input type="checkbox"/> U-turn <input type="checkbox"/> Roundabout <input type="checkbox"/> Car park <input type="checkbox"/> Others	
<b>If Others, please give details:</b>			
<b>Please state <u>type</u> of accident that took place:</b>	<input type="checkbox"/> With vehicle <input type="checkbox"/> With pedestrian <input type="checkbox"/> With motorcycle	<input type="checkbox"/> With animal <input type="checkbox"/> With cyclist <input type="checkbox"/> Self-accident <input type="checkbox"/> Others	
<b>If Others, please give details:</b>			
At the time of the accident where you using your mobile phone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were you wearing a seat belt at the time of the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were you ascending up or descending down a slope during the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did you consume any <u>medications</u> or <u>alcohol</u> before the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you feel responsible for the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Road conditions:**

<b>Wet</b> <input type="checkbox"/>	<b>Dry</b> <input type="checkbox"/>	<b>Daylight</b> <input type="checkbox"/>	<b>Night</b> <input type="checkbox"/>
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**6. Description of Accident** (To be completed by Our Participant)

Did you take photos of the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, please give reasons:		

Note: **Sketch Plan** (Please show Road Signs, Markings etc.)  
**Before Accident:**

**After Accident:**

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Please provide personal statement of accident:

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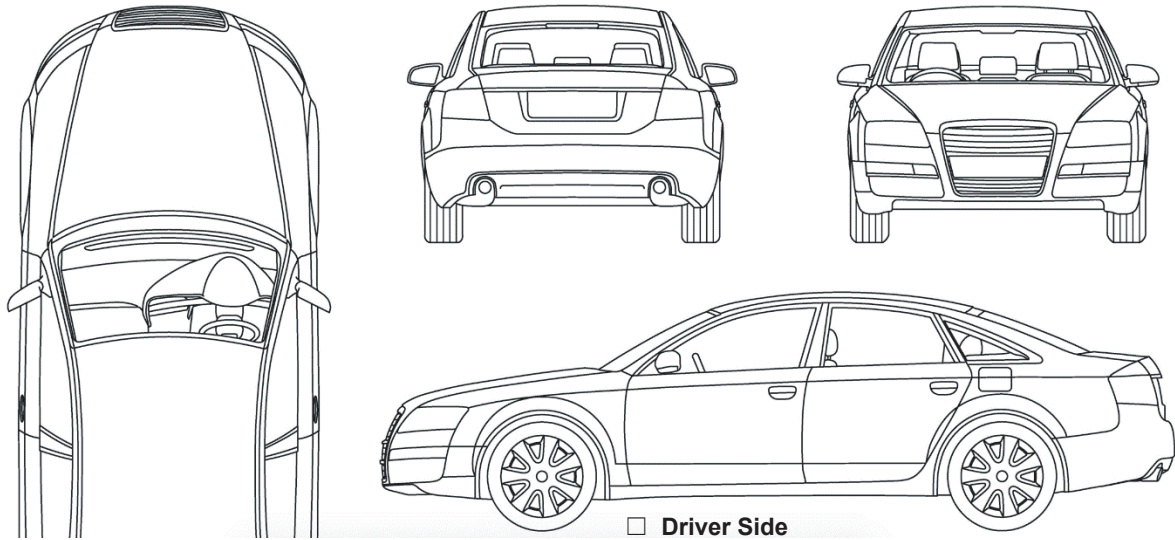
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## 7. Damage to your Vehicle *(To be completed by Our Participant)*

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:

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## 8. Passenger's Details *(To be completed by Our Participant)*

Passenger's Name	Relation to Driver

## 9. Damage to Third Party Vehicle or Property *(To be completed by Our Participant)*

	Third Party Vehicle 1 / Property 1	Third Party Vehicle 2 / Property 2
Name of Driver / Owner:		
Telephone No.		
Vehicle Registration No.		
Name of Insurance / Takaful		
What was the condition of the Third Party vehicle or Property as a result of the accident?	Extent of Damage: None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Beyond Repair <input type="checkbox"/>	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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**10. Third Party Persons Injured Details** (To be completed by Our Participant)

Was any injury or fatalities sustained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you see or notice an ambulance arriving at the scene of the accident site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Third Party Vehicle 1	Third Party Vehicle 2
Third Party Vehicle Registration No.		
How many people were in the vehicle?	<input type="checkbox"/> Driver only <input type="checkbox"/> Driver & Passenger(s)	<input type="checkbox"/> Driver only <input type="checkbox"/> Driver & Passenger(s)
What happen to the Third Party?	<input type="checkbox"/> Taken to the Hospital <input type="checkbox"/> Remain at site	<input type="checkbox"/> Taken to the Hospital <input type="checkbox"/> Remain at site
Who was wounded or injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Driver		
2. Passenger	<input type="checkbox"/> Yes; how many passenger(s) involved: <input type="checkbox"/> No	<input type="checkbox"/> Yes; how many passenger(s) involved: <input type="checkbox"/> No

Name/Address (Driver, Front/Rear Passenger or Pedestrian)	Apparent Injuries	Vehicle Registration No	Seatbelt in use?		Taken to hospital?	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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## 11. Acknowledgement & Declaration *(To be completed by Our Participant)*

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*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.*

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*Participant's Signature*

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*Driver's Signature*

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*Participant's Name*

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*Driver's Name*

*Date:*

*Date:*

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