



TOKIO MARINE INSURANCE SINGAPORE LTD

Bandar Office:
 Unit A1 & A2, 1st Floor, Block A, Hau Man Yong Complex, Spg 88,
 Kg Kiulap BE1518, Brunei Darussalam
 Tel : 2236108 / 2236109 / 2236113
 Fax : 2236102

MOTOR VEHICLE ACCIDENT REPORT FORM

The Company does not admit liability by the issuance of this form.

Claim No:	Vehicle No:	Policy No:
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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; - Exempted Special Registered vehicles.
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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).

ACCIDENT STATEMENT

Date of Report	
Time of Report	
Date of Accident	
Time of Accident	
Exact Location of Accident	
District of Loss	
Accident involving:	Vehicle Yes/No
	Property Yes/No

DETAILS OF OWN VEHICLE**Insured/Policyholder**

Name of Registered Owner

Mobile Phone No / Email Address

Driver

Name of Driver

Do you have any disabilities? If yes, please state the details.

Occupation

Mobile Phone No / Email Address

Driving License Number and Expiry

Address

Relationship of the Driver with the Insured

Was driver an employee of the Insured's Company?

Yes/No

Yes/No

Past History of Driver

Were you involved in any accidents in the past? If yes, please state the details.

Have you ever been convicted with traffic offences in the past? If yes, please state the details.

Yes/No

Yes/No

Other Information

Were you, as a driver:

Driving under the influence of alcohol / drugs?

Feeling lethargic or tired whilst driving?

Approached by unknown person(s) soliciting/offering accident claims assistance?

Yes/No

Yes/No

Yes/No

Do you think you were negligent as the driver? Please specify the reasons why.

Yes/No

DETAILS OF ACCIDENT

General Information of the Accident

Type of Accident (Self-accident / Collision)

Speed of Vehicle (km/hr)

Personal Statement of Accident

Note: Please state the date, time and place of the incident in your statement. Kindly provide the details on how the accident happened and the damages sustained by you and/or the other party.

Please describe (in own words):

Conditions of Weather/Road Surface

Wet/Dry

Condition of Traffic

Heavy / Moderate / Light

Circumstances of Accident

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Damage to the Vehicle

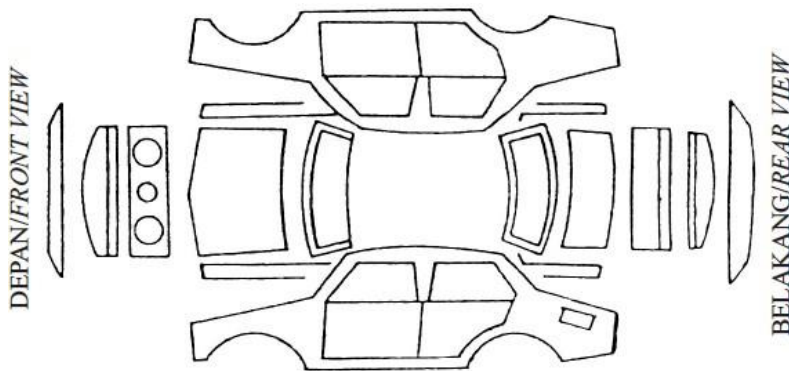
Were there any existing damages on the vehicle before the accident? If yes, please state the details.

Yes/No

Was the vehicle drivable after the accident?

Yes/No

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



Attachments

Are accident photos available for attachment? If No, why?

Yes/No

Was there any video captured by Car camera/Dashboardcamera?

Yes/No

DETAILS OF PASSENGERS

Particulars of Passenger

Name

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Identification Card No.

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Telephone No.

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Particulars of Passenger

Name

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Identification Card No.

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Telephone No.

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Particulars of Passenger

Name

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Identification Card No.

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Telephone No.

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Particulars of Passenger

Name

--

Identification Card No.



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Telephone No.

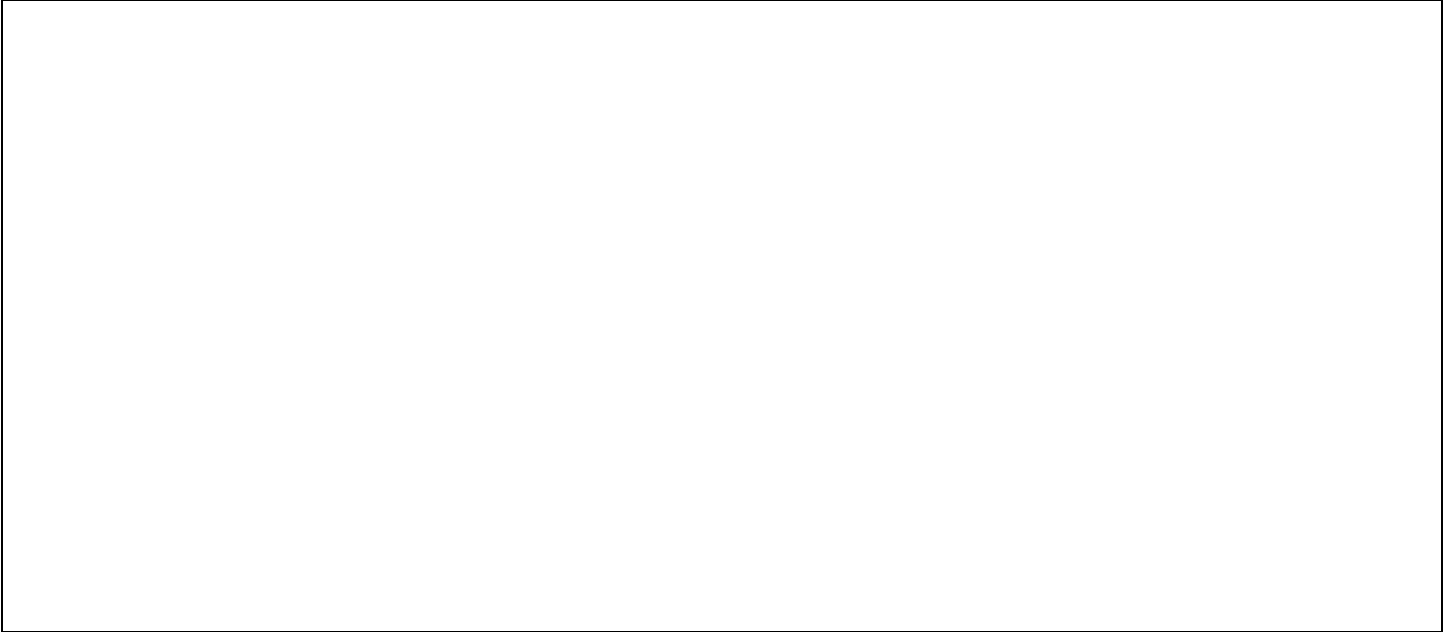
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Sketch Plan

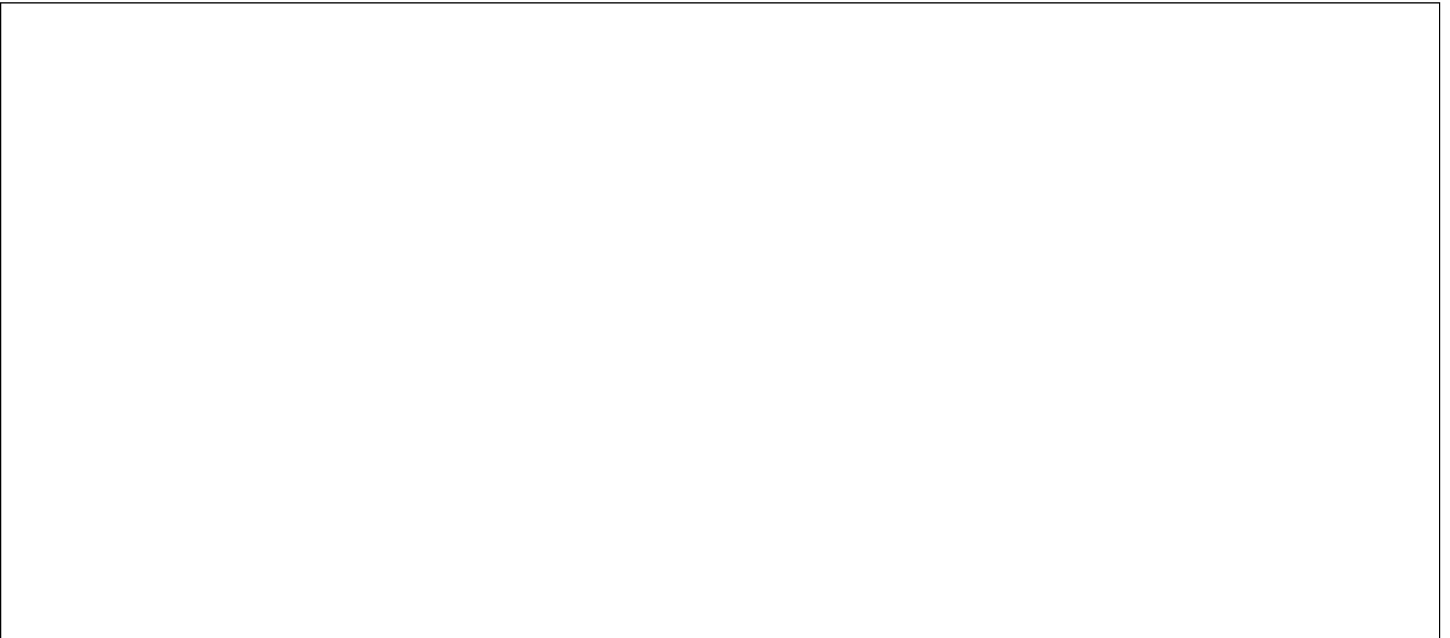
Note:

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:



DETAILS OF INJURED PERSON (S)

Name (s)	Nature of Injuries

DETAILS OF DAMAGED TO THIRD PARTY PROPERTIES

Name (s)	Description of Damage

**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, **Tokio Marine Insurance Singapore Ltd** shall reserve their rights to repudiate my/our claim.

I/We further agree to provide full cooperation to **Tokio Marine Insurance Singapore Ltd** or any other party acting on behalf of **Tokio Marine Insurance Singapore Ltd** pertaining the claim.

Signature of Policyholder

Date:

Signature of Driver

Date: