

Motor Vehicle Claim Form



NATIONAL
INSURANCE COMPANY BERHAD

In association with **Allianz**

Email
claims@national.com.bn

BSB Office No.
+673 222 6222

KB Office No.
+673 333 1222

Reminder	Documents Required to be Submitted
<ol style="list-style-type: none">1. The Policyholder / Driver must give full and correct information.2. The company will not entertain any claim if the information given is incomplete.3. Acceptance of this notification does not construe any admission of liability or waiver on the part of the company of any breach of the conditions the insured may have breached.4. In the event of any occurrence which may give rise to a third-party claim, no admission, offer, promise or payment shall be made by or on behalf of the insured without the written consent of the company. All correspondence made by the third party must be forwarded to the company immediately unanswered.	<ul style="list-style-type: none"><input type="checkbox"/> Copy of Vehicle Registration Card<input type="checkbox"/> Copy of Company Registration<input type="checkbox"/> Copy of Identity Card of Policyholder and Driver<input type="checkbox"/> Copy of Driving License of Policyholder and Driver<input type="checkbox"/> Driver's Authorization letter<input type="checkbox"/> Photos of Accident (Insured & Third Parties)
	Additional Documents Required
	<ul style="list-style-type: none"><input type="checkbox"/> Police Report<input type="checkbox"/> Customs Vehicle Pass<input type="checkbox"/> Land Transport Department Permits (<i>if any</i>)

Purpose of Notification	
<input type="checkbox"/> Reporting purpose only	<input type="checkbox"/> Windscreen Claim
<input type="checkbox"/> Own Damage Claim	<input type="checkbox"/> Vehicle Theft Claim

Policy Details	
Policy Number	
Vehicle Registration Number	

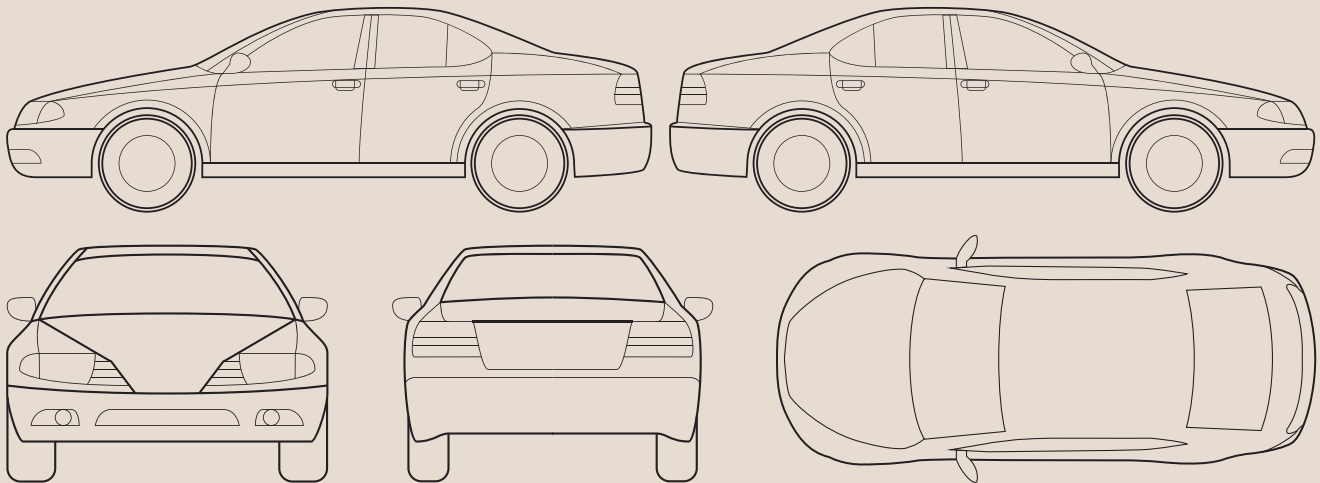
Policyholder's Details			
Policyholder Name			
Contact Number	(M)	(O)	(H)
Email Address			
Was the Policyholder driving the Car at the time of the accident? <i>*If yes, please kindly skip the Driver's Details Section</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Driver's Details			
Driver's Name			
Contact Number	(M)	(O)	(H)
Email Address			
Relationship to Policyholder			

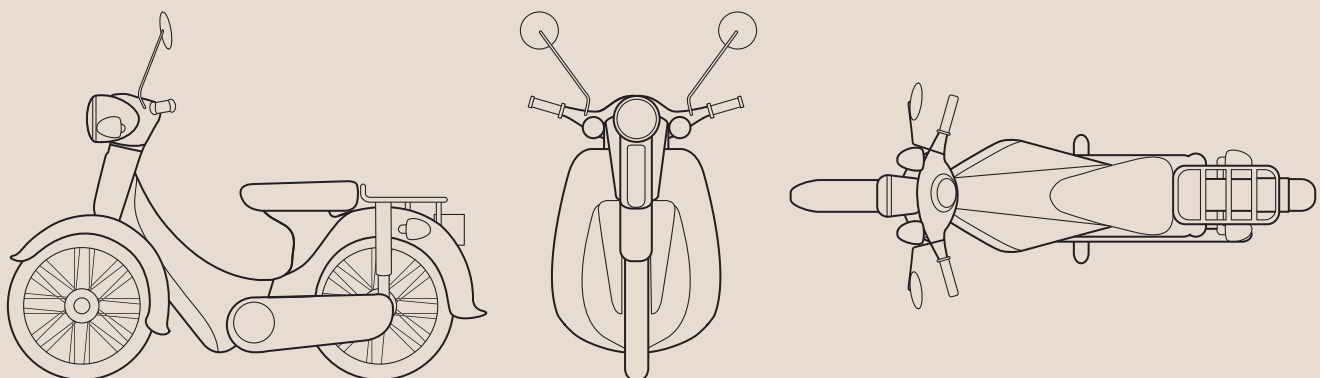
Accident Details

Date of Accident	Time of Accident	Speed of Vehicle
Place of Accident		
Name of Authorized Workshop		
Was there any Injury/Government Property involved? <i>If yes, please state the Police Station where the report was lodged.</i> *Please enclose a copy of the Police Report	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Did the accident happen outside of Brunei Darussalam? *Please enclose a copy of Customs Vehicle Pass for Brunei / Malaysia / Indonesia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there any trailer attached to the vehicle at the time of the accident? *Please enclose a copy of the Land Transport Department permits	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mark 'X' On the damaged area of the Vehicle



Mark 'X' On the damaged area of the Motorcycle



Particulars Of Third-Party Damage & Injuries

Particulars of any Third-Party Vehicle(s) involved in the accident

Vehicle Registration Number	Insurance Company Name	Details Of Damages

Details Of Damage to Third-Party Property

Particulars of any Injured Person as a result of the accident

Name of Injured Person	Nature of Injury	Contact Number

Detailed Statement of the Incident / Accident

Sketch Of the Incident / Accident

Declaration by the Policyholder and Driver

I/We to the best of my/our knowledge hereby declare that the above statements and particulars are correct and complete in every respect and I/We have not concealed, misrepresented or mis-stated any material fact.

I/We agree that if such statements and particulars were filled in by any other person, such person shall be deemed to be my/our representative for the purpose of filing in this form and the statements and particulars shall be binding upon me/us.

I/We here by agree to give my/our fullest cooperation to the Company and its representative in relation to this claim.

I/We hereby consent to use of the above particulars and information for the dominant purpose of obtaining legal advice in relation to his claim.

Policyholder's Signature and / or Company Stamp
Date:

Driver's Signature
Date:

For Claims Department Use

Received by National Insurance Company Berhad, on _____ by _____.