



**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; - 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 Standard Insurance Sdn Bhd to repudiate liability.
4. The issue and acceptance of this Form by Standard Insurance Sdn Bhd is not an admission of liability on the part of Standard Insurance Sdn Bhd.
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 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	
Country/District of Loss	
Accident involving:	Vehicle Yes/No
	Property Yes/No

DETAILS OF OWN VEHICLE

Vehicle Registration Number	
Insured/Policyholder	
Name of Registered Owner	
Identification Card No	
Mobile Phone No	
Alternative Phone No	

Email Address

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?
If yes, please specify.

Yes/No

Vehicle Category

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

Insurance Details

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

Yes/No

Are you claiming under your own insurance policy for repair to your
vehicle?

Yes/No

If no, please state action to be taken

Driver

Name of Driver

Identification Card No

Date of Birth

Gender

Do you have any disabilities? If yes, please state the details.	Yes/No
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? If yes, please state the details.	Yes/No
Have you ever been convicted with traffic offences in the past? If yes, please state the details.	Yes/No

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	

Note: If there are any more Policyholders involved, please ask for another copy and attach it to your Accident Reporting Statement.

Circumstances of Accident

Damage to the Vehicle

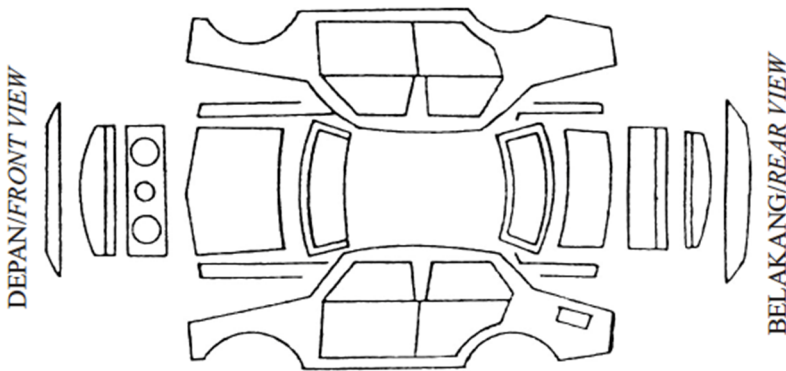
Were there any existing damages on the vehicle before the accident? If yes, please state the details.

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:



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

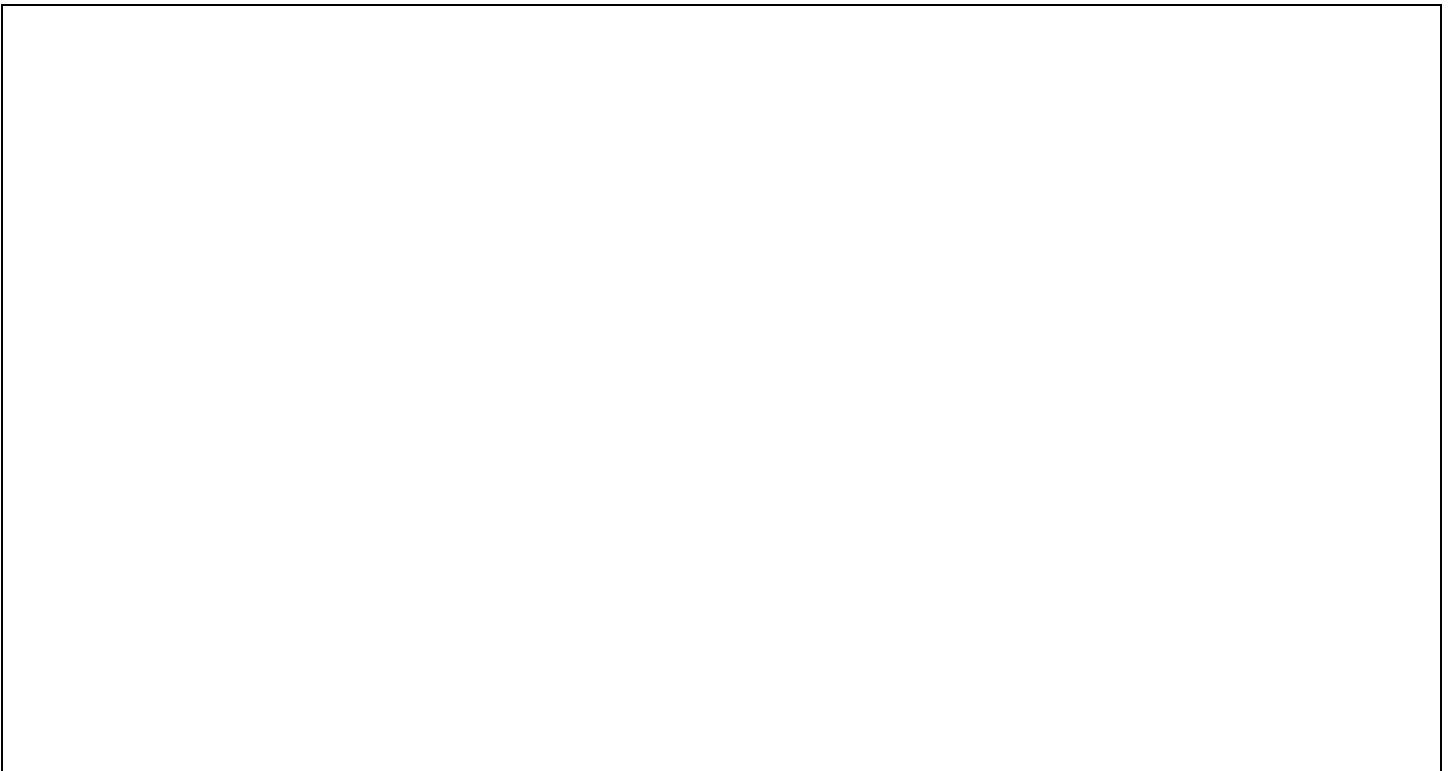
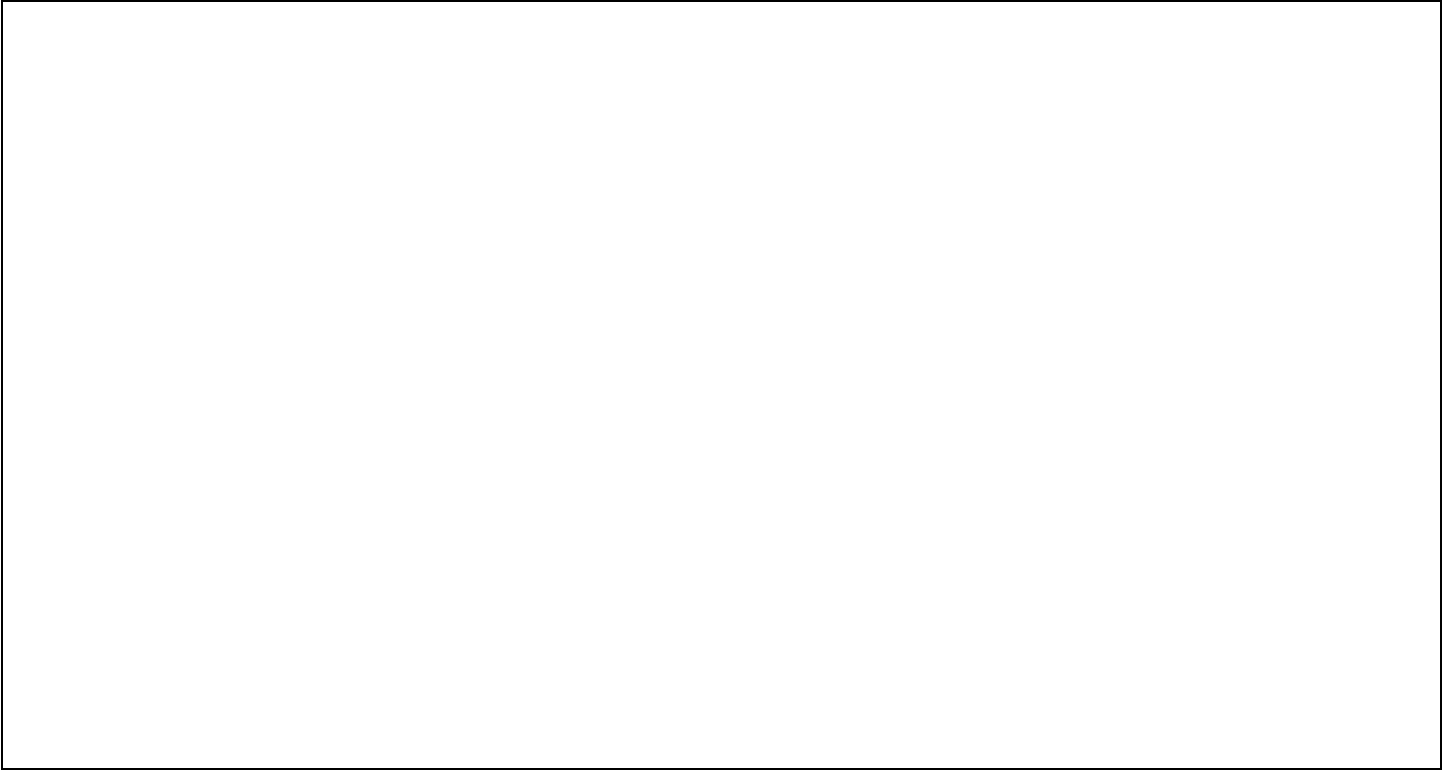
Are accident photos available for attachment?

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, Standard Insurance Sdn Bhd shall reserve the rights to repudiate my/our claim.

I/We further agree to provide full cooperation to Standard Insurance Sdn Bhd or any other party acting on behalf of Standard Insurance Sdn Bhd pertaining the claim.

Signature of Policyholder

Signature of Driver

Date:

Date: