

# MOTOR

Insurance / Takaful

## Claims Guide



### IMPORTANT NOTICE

This is an information pack for motorists which provides a brief guide on motor insurance and takaful cover and how to make a motor insurance or takaful claim. We recommend that you carefully read and understand this document. Should you have any enquiries, please contact your insurance company / takaful operator or Accident Assist.



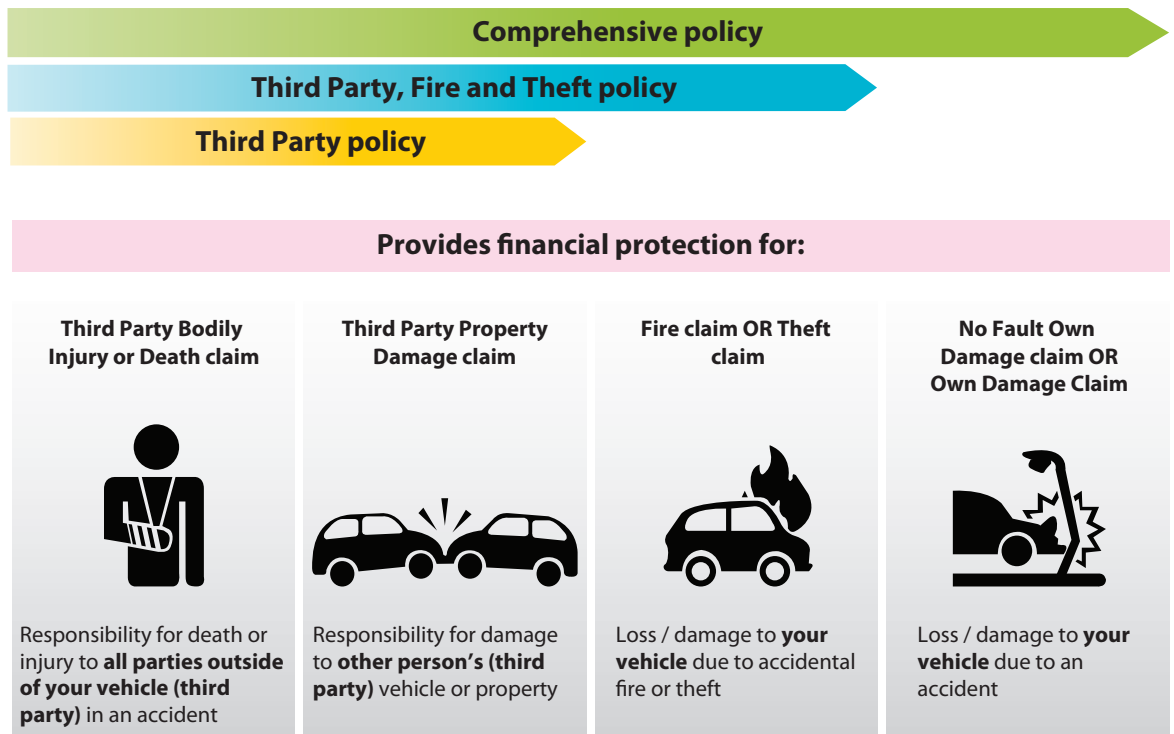
- 01** How does a motor policy protect you?
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A motor insurance policy / takaful certificate (collectively referred to as “motor policy”) provides financial protection to you in the event your vehicle is involved in a road accident or is stolen.

However, there are limits to the extent of financial protection provided, so it is important that you understand the scope of protection under each type of motor policy.

## extent of cover

Illustrated below are the types of motor policies available in Malaysia and scope of financial protection provided by an insurance company / takaful operator (collectively referred to as “insurer”):



## add-on covers

To widen the scope of protection of a motor policy, vehicle owners may purchase add-on covers for additional premium contribution. Below are some examples of these add-on covers :

Type of add-on covers	Protects against...
Flood	Damages to your vehicle in event of a flood
Windscreen	Sudden breakage of windscreen not resulting from a road accident
Legal liability to passenger	Your passenger(s) suing you for injury caused to them <b>(except your own family members)</b>
Legal liability of passenger	People outside of your vehicle suing you for injuries caused by your passenger(s)
Compensation for Assessed Repair Time	Inability to use your vehicle while it is being repaired
Personal Accident	Any injury to you or your passenger (including family members)

The types of compensation which may be claimed under a motor policy depends on the type of motor policy applicable and prevailing laws:

Type of compensation which may be claimed (depending on the policy applicable and prevailing laws)	If you are a vehicle owner and have a :			If you are a pedestrian / owner of non-vehicular property that was involved in an accident	
	Comprehensive policy	Third Party, Fire and Theft policy	Third Party policy		
Property damage	Theft of your vehicle	Make a <b>Theft claim</b> against your own insurer	Make a <b>Theft claim</b> against your own insurer	Not eligible to claim	Not Applicable
	Damage to your vehicle / property due to road accident	If other person caused the accident: Make a <b>Third Party Property Damage claim (TPPD)</b> against the other person's insurer; If you caused the accident: Make an <b>Own Damage claim (OD)</b> against your own insurer	Make a <b>Third Party Property Damage claim (TPPD)</b> against the other person's insurer	Make a <b>Third Party Property Damage claim (TPPD)</b> against the other person's insurer	Make a <b>Third Party Property Damage claim (TPPD)</b> against the other person's insurer
	Compensation for assessed repair time (CART) (compensation awarded only to drivers found not responsible for accident)	Make <b>loss of use claim</b> against the other person's insurer			Not Applicable
Bodily injury / Death (list is not exhaustive)	Pain, suffering and loss of amenities from injury sustained	Make a <b>Third Party Bodily Injury or Death claim (TPBID)</b> against the other person's insurer			
	Medical expenses / nursing costs				
	Loss of earnings / loss of future earnings / earning capacity				
	Loss of dependency				
	Funeral expenses				
	Bereavement				

#### IMPORTANT NOTICE

- You must ensure that the insured value of your vehicle is adequate. If the sum insured of your vehicle is lower than its market value at the point of purchasing insurance, your vehicle is deemed to be underinsured. If your vehicle is underinsured, compensation for damages to your vehicle will be proportionately lower.
- A Passenger Liability cover only provides protection to the passengers in your vehicle who are not your family members. You are advised to purchase a Personal Accident policy for yourself as well as for your family members so that you and your family members are protected should you be the party at fault in a road accident.

You have a right to appoint a lawyer to advise you on your legal rights



Introducing Accident Assist, a new public service provided by the Malaysian insurance and takaful industry to members of the public who are seeking immediate roadside assistance in the event of a road accident. Accident Assist will also respond to basic or common enquiries relating to motor policies. It is a dedicated tele-service line manned by customer service officers operating 24 hours daily.

Accident Assist aims to improve the overall process following a road accident by providing road accident victims with timely roadside assistance and objective guidance on making a motor claim.

Accident Assist is managed by general insurers and operated by Telekom Malaysia.

Accident Assist can help you with these:

- 24 hours / 7 days a week helpline
- Guide you to obtain towing services to approved workshops
- Provide information and answer basic or common enquiries which you may have on making a motor claim
- Provide relevant information should you be involved in a road accident such as:
  - nearest hospital to you
  - nearest police station to you
  - nearest fire station to you
  - nearest workshop to you

Be calm, polite and courteous. DO NOT admit liability or offer any settlement or payment

Note down as much of the following in the **Accident Notification Form (Form A)** provided in this claims guide :-

- The personal particulars of the driver(s) involved in the road accident
  - name(s), IC number(s), address(es), driving licence number(s) and telephone contact(s) (if possible)
- The name of the insurer of the other vehicle(s)
- Make, model and registration number(s) of the other vehicle(s) involved in the road accident
- Registration number of tow truck(s) (if any)

Make a simple diagram of the accident scene in Form A. This will help you when making a police report later on, as you will also be required to do so.

Snap photos and note down the extent of the damage(s) to the vehicles / property involved (if the situation permits)

Immediately call either your insurer's roadside assistance service (if provided) **or** Accident Assist for assistance. Accident Assist will ask you some simple questions about the accident and will either connect you to your own insurer or advise you on the nearest panel workshop which you may contact in order to arrange for towing services or to repair your vehicle.

As an alternative to calling your insurer or Accident Assist to inform about the road accident, you may also fill in Form A and submit it to either your own insurer and / or Persatuan Insurans Am Malaysia (PIAM) or Malaysia Takaful Association (MTA) within **7 days** of the date of the road accident. PIAM and MTA may be contacted at:

*Persatuan Insurans Am Malaysia  
3rd Floor, Wisma PIAM  
150, Jalan Tun Sambanthan  
50470 Kuala Lumpur  
Tel No. : 03-2274 7395  
Fax No. : 03-2274 5910  
Email : [piam\\_sec@piam.org.my](mailto:piam_sec@piam.org.my)*

*Malaysia Takaful Association  
21st Floor, Menara Takaful Malaysia,  
No.4 Jalan Sultan Sulaiman  
50000 Kuala Lumpur  
Tel No. : 03-2031 8160  
Fax No. : 03-2031 8170  
Email : [mtasecretariat@malaysiantakaful.com.my](mailto:mtasecretariat@malaysiantakaful.com.my)*

Make a Police Report of the road accident. You are required **by law** to lodge a police report as soon as practicable, and in any case **within 24 hours** of a road accident / theft of your vehicle.

Cooperate with the investigator / loss adjuster appointed by the insurance company to undertake an independent :

- assessment of the repairs recommended by the panel workshop; or
- investigation of the theft of your vehicle.

In order to make a claim, compile as much of the following documents as possible and submit them to the insurer (refer to the table below) within the stipulated timeframe :

- Own Damage, No-Fault Own Damage<sup>1</sup> and Theft claims :
  - **Within 7 days of the date of accident / loss** if you are not physically disabled or hospitalized following the event.
  - **Within 30 days or as soon as practicable** if you are physically disabled or hospitalized as a result of the event.
- Other claims :
  - **As soon as practicable**

However, claimants may subsequently be requested by the insurer to furnish additional documentation.

No.	Document to be submitted	Type of Claim			
		Submit to OWN insurer		Submit to OTHER party's insurer	
		Own Damage and No-Fault Own Damage	Theft claim	Third Party Property Damage (TPPD) claim	Third Party Bodily Injury or Death (TPBID) claim
1.	Claim Form (provided by insurers)	✓	✓	–	–
2.	Motor Bodily Injury / Death claims cover letter (refer to Letter B)	–	–	–	✓
3.	Original copy of police reports · Made by you directly after accident · Police letter informing which party is compounded for road traffic offence	✓	✓	✓	✓
		✓	–	✓	✓
4.	Copy of NRIC of driver	✓	✓	✓	✓
5.	Copy of driving licence of: · driver · policyholder	✓	✓	–	–
		✓	✓	✓	–
6.	Vehicle registration card	✓	✓	✓	–
7.	Bill of repair costs of your own vehicle or property	✓	–	✓	–
8.	Any document in evidence of your income	–	–	–	✓

<sup>1</sup> A No-Fault Own Damage claim is a benefit for private cars with Comprehensive policy and is only applicable if you are in an accident with another private car with Comprehensive policy. It is an alternative to filing a Third Party Property Damage claim. Under a No-Fault Own Damage claim, you can seek compensation against your insurer instead of the other person's insurer for the damages the other person has caused to your vehicle in the event of a road accident. This is a benefit to you as it saves you the hassle of dealing with the other person's insurer.



No.	Document to be submitted	Type of Claim			
		Submit to OWN insurer		Submit to OTHER party's insurer	
		Own Damage and No-Fault Own Damage	Theft claim	Third Party Property Damage (TPPD) claim	Third Party Bodily Injury or Death (TPBID) claim
9.	Photos of (if possible) : · accident scene · damages to vehicle at accident scene · injuries suffered	✓ ✓ –	✓ – –	– ✓ –	– – ✓
<b>If injured (TPBI claim) :</b>					
10.	Initial medical report (specialist reports may be submitted later)*	–	–	–	✓
11.	Bill of initial medical treatment received	–	–	–	✓
<b>If death (fatal claim) :</b>					
12.	A copy of death certificate	–	–	–	✓
13.	Bill of funeral expenses	–	–	–	✓
14.	Copy of NRIC of dependents	–	–	–	✓

**\*NOTE :**

If you have not obtained your initial medical report, you may consent for such report to be made available. Your consent for this report to be made available may be provided in the medical report application form which is available at hospitals, a sample of which may be seen at the following address:

[http://hbtu.moh.gov.my/cms/wp-content/uploads/2011/09/MedicalReport\\_Consent-Form.pdf](http://hbtu.moh.gov.my/cms/wp-content/uploads/2011/09/MedicalReport_Consent-Form.pdf)

In making a motor claim involving third party bodily injury and death or third party property damage, you may pursue your claim directly with the other vehicle's insurer or appoint a lawyer to act on your behalf at any time.

Should you choose to pursue your claim directly with the other vehicle's insurer, you should ensure that the compensation that you are to receive from the insurer is adequate. Please exercise care and where necessary seek expert advice in reaching any settlement for compensation with the other vehicle's insurer as such settlement is likely to be final.

If you are of the view that the compensation being offered to you is inadequate, you may further negotiate with the other vehicle's insurer or you may wish to consult a lawyer.

### If you are making an **Own Damage claim:**

When you make an Own Damage claim under your **Comprehensive** policy, your insurer **may** also include additional charges, including :

- **Betterment** - Portion of repair charges to be borne by owners of vehicles aged 5 years and above if new franchise parts are used in repairs instead of parts of the same age as the vehicle.
- **Excess** - A proportion of the total repair cost that you are to bear yourself as per the terms and conditions of the motor policy.
- **Endorsement 2 (f) (private cars only)** - You will bear RM400.00 of each claim made by you, if at the time of the accident your vehicle was driven by a person :
  - who is **under the Age of 21 years**; or
  - who is the holder of a **Provisional Driving Licence (L-Licence)**; or
  - who is the holder of a **Probationary Driving Licence (P-Licence)**; or
  - who is not named in the motor policy; or
  - named in the motor policy who is less than the age of 21 years and / or the holder of a Provisional Driving Licence (L-Licence) and / or the holder of a Probationary Driving Licence (P-Licence)

You will lose your No Claim Discount (NCD) entitlement at the next year renewal of your motor policy.

### If you are making a **No-Fault Own Damage claim:**

You will **not** lose your NCD entitlement. However, you will be subject to the same charges under an Own Damage claim (Betterment, Excess and Endorsement 2(f)).

You may then write to the other party's insurer seeking reimbursement for all of the above charges except betterment.

However, if the accident is found to be **caused by you, your No-Fault Own Damage Claim will be converted into an Own Damage claim**. In this case, you will lose your NCD entitlement at the next renewal of your motor policy.

### If you are making a **theft claim:**

To ensure that the investigation is thorough and to allow possible recovery by police authorities, your insurer may require a reasonable process time of the following time frame :

- 6 months from the date of notification of theft; and / or
- when official police investigations have been completed, **whichever is earlier**.

After notifying your insurer of the theft of your vehicle, if you are informed that your vehicle is recovered :

- do **NOT** take possession of your vehicle from any authority / party unless authorised by the police; and
- immediately notify your insurer / agent so that your insurer may make proper arrangement to recover your vehicle and conduct an independent survey of your vehicle.

Under a normal Comprehensive motor policy, insurers will pay you compensation equal to the present market value of your vehicle at the point of theft or the sum insured of the vehicle (whichever is less). If you wish to be compensated on a sum insured basis, please ask your insurer about the possibility of converting your Comprehensive policy to an Agreed Value Comprehensive policy.

### If you are making a **Third Party Bodily Injury claim** or a **Dependency claim:**

If you and / or passengers in your vehicle are injured in an accident, you and / or passengers in your vehicle may claim compensation for injuries sustained from the insurer of the other vehicle. Compensation will only be paid by the insurer of the other vehicle's driver in the event the insured driver is found to have caused the accident.

If you and / or passengers in your vehicle were to succumb to injuries in a road accident, your and / or your passengers' dependents (spouse, children and parents) may make a dependency claim against the insurer of the other vehicle. Compensation will only be paid by the insurer of the other vehicle's driver in the event the insured driver is found to have caused the accident.

A dependency claim may be made provided the deceased was gainfully employed prior to the accident. Such a claim is by the deceased's dependents for loss of financial support minus certain deduction as the dependents would now be deprived of the deceased's earnings or income on which they had depended prior to the accident which caused his demise.

If you are found to be **responsible for the accident, you and your passengers will not be able to receive any compensation from the insurer of the other vehicle.** If you are found to be partially responsible, you and / or your passengers may receive only partial compensation.

### If you are making a **Third Party Property Damage claim:**

If your property (including vehicle) is damaged in a road accident caused by the other party, you may claim for compensation from the other party's insurer.

The insurer may provide compensation for the following items :

- Cost of repair to your property to return it to its previous state
- Cost of replacing your property with another that is alike in terms of age, value and / or condition
- Cost of loss of use of your vehicle i.e charges for rental car (up to a specified limit)

For further information, you may refer to **Accident Assist** at **1-300-22-1188** or visit the PIAM website at [www.piam.org.my](http://www.piam.org.my) or MTA website at [www.malaysiantakaful.com.my](http://www.malaysiantakaful.com.my)

You have a right to appoint a lawyer to advise you on your legal rights

## Contact numbers of general insurers and takaful operators in Malaysia (as at January 2014)

Insurance Company	Tel. No.	Fax. No.
1. ACE Jerneh Insurance Berhad	03- 2058 3000	03-2058 3333
2. AIG Malaysia Insurance Berhad	03-2118 0188	03-2118 0288
3. Allianz General Insurance Company (Malaysia) Berhad	03-2264 1188	03-2264 1199
4. AIA Bhd	03-2056 1111	03-2056 3791
5. AmGeneral Insurance Berhad	1-300-80-3030	03-2171 3030
6. AXA Affin General Insurance Berhad	03-2170 8282	03-2031 7282
7. Berjaya Sampo Insurance Berhad	03-2117 2118	03-2142 4730
8. Etiqa Insurance Berhad	1-300-13-8888	03-2612 5075
9. Lonpac Insurance Bhd	03-2262 8688	03-2715 1332
10. MCIS Zurich Insurance Berhad	03-7652 3388	03-7957 5964
11. MSIG Insurance (Malaysia) Bhd	03-2050 8228	03-2060 8086
12. Multi-Purpose Insurans Bhd	03-2034 9888	03-2694 5758
13. Overseas Assurance Corporation (Malaysia) Berhad	03-4259 7888	03-4813 2737
14. Pacific & Orient Insurance Co. Berhad	03-2698 5033	03-2693 8145
15. Progressive Insurance Bhd	03-2118 8000	03-2118 8101
16. Prudential Assurance Malaysia Berhad	03-2116 0228	03-2032 3939
17. QBE Insurance (Malaysia) Berhad	03-7861 8400	03-7873 7430
18. RHB Insurance Berhad	03-2180 3000	03-9281 2729
19. The Pacific Insurance Berhad	03-2176 1112	03-2078 4928
20. Tokio Marine Insurans (Malaysia) Berhad	03-2783 8383	03-2026 9708
21. Tune Insurance Malaysia Berhad	03-2070 2828	03-2072 4150
22. Uni.Asia General Insurance Berhad	03-2619 9000	03-2693 2893
23. Zurich Insurance Malaysia Berhad	03-2146 8000	03-2142 5863

Takaful Operator	Tel. No.	Fax. No.
1. Etiqa Takaful Berhad	1300-13-8888	03-2612 5075
2. Hong Leong MSIG Takaful Malaysia Berhad	03-7650 1800	03-7620 6730
3. HSBC Amanah Takaful (Malaysia) Sdn Bhd	1800-88-9659	03-2031 0833
4. MAA Takaful Berhad	03-6287 6666	03-6259 0088
5. Prudential BSN Takaful Berhad	03-2053 7188	03-2026 7688
6. Sun Life Malaysia Takaful Berhad	1300-88-5055	03-2614 3550
7. Syarikat Takaful Malaysia Berhad	1300-88-252-385	03-2274 0237
8. Takaful Ikhlas Sdn Bhd	03-2723 9696	03-2723 9998

# ACCIDENT NOTIFICATION FORM ( FORM A )

Strictly without prejudice

*It is not compulsory to fill in this form. Any information that you do give in this form will not amount to any admission of blame / liability but is to provide the first details of the accident for purposes of notifying your insurer that an accident has occurred. You have the right to appoint a lawyer of your own choice to advise you on your rights and any claim that you may make. You may wish to consult a lawyer before you fill in this form. If you do choose to fill in this form, you will not be deemed to have waived any of your legal rights, including making any claim for compensation as a result of the accident.*

If you have not already contacted **Accident Assist** to notify of the accident, vehicle owners / drivers may submit this form to either your own insurer and / or Persatuan Insurans Am Malaysia or the Malaysian Takaful Association **within 7 days** from the date of the accident. This form may also be submitted by a person on behalf of the vehicle owner / driver. Pedestrian / cyclist involved in an accident are encouraged to fill in this form and submit to Persatuan Insurans Am Malaysia or the Malaysian Takaful Association.

## YOUR PERSONAL DETAILS

- |                                                                                                                                                                                                                                                           |                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Are you?<br><input type="checkbox"/> Vehicle owner<br><input type="checkbox"/> Vehicle driver<br><input type="checkbox"/> Vehicle passenger<br><input type="checkbox"/> Pedestrian / Cyclist<br><input type="checkbox"/> Others (Pls. specify) : _____ | 2. Name (as in NRIC) : _____<br>3. NRIC No. : _____<br>4. Contact No. : _____<br>5. Email address (if any) : _____<br>6. Latest residential address (only if different from NRIC) : _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Registration no. of vehicle involved in the accident : \_\_\_\_\_  
8. Registration no. of tow truck operator : \_\_\_\_\_

### (If notification is filed by other than persons involved in accident, please indicate the following)

9. Relationship to person named in no. 2 :  Spouse       Parent       Other (pls. specify) \_\_\_\_\_  
 Child       Sibling
10. Name (as in NRIC) : \_\_\_\_\_  
11. NRIC No. : \_\_\_\_\_  
12. Contact No. : \_\_\_\_\_  
13. Email address (if any) : \_\_\_\_\_  
14. Latest residential address (only if different from NRIC) : \_\_\_\_\_

### 15. DETAILS OF YOUR PASSENGER (if known) :

- |                                                                                                                                                                |                                                                                                                                                                |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name : _____                                                                                                                                                   | Name : _____                                                                                                                                                   | Name : _____                                                                                                                                                   |
| NRIC No. : _____                                                                                                                                               | NRIC No. : _____                                                                                                                                               | NRIC No. : _____                                                                                                                                               |
| Contact No. : _____                                                                                                                                            | Contact No. : _____                                                                                                                                            | Contact No. : _____                                                                                                                                            |
| Condition : <input type="checkbox"/> No apparent injury<br>(at point of <input type="checkbox"/> Visible injury<br>accident) <input type="checkbox"/> Deceased | Condition : <input type="checkbox"/> No apparent injury<br>(at point of <input type="checkbox"/> Visible injury<br>accident) <input type="checkbox"/> Deceased | Condition : <input type="checkbox"/> No apparent injury<br>(at point of <input type="checkbox"/> Visible injury<br>accident) <input type="checkbox"/> Deceased |

### 16. DETAILS OF OTHER VEHICLE DRIVER / PEDESTRIAN / CYCLIST INVOLVED IN ACCIDENT (if known) :

- |                                                                                                                                                                |                                                                                                                                                                |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Registration No : _____                                                                                                                                | Vehicle Registration No : _____                                                                                                                                | Vehicle Registration No : _____                                                                                                                                |
| Name : _____                                                                                                                                                   | Name : _____                                                                                                                                                   | Name : _____                                                                                                                                                   |
| NRIC No. : _____                                                                                                                                               | NRIC No. : _____                                                                                                                                               | NRIC No. : _____                                                                                                                                               |
| Contact No. : _____                                                                                                                                            | Contact No. : _____                                                                                                                                            | Contact No. : _____                                                                                                                                            |
| Condition : <input type="checkbox"/> No apparent injury<br>(at point of <input type="checkbox"/> Visible injury<br>accident) <input type="checkbox"/> Deceased | Condition : <input type="checkbox"/> No apparent injury<br>(at point of <input type="checkbox"/> Visible injury<br>accident) <input type="checkbox"/> Deceased | Condition : <input type="checkbox"/> No apparent injury<br>(at point of <input type="checkbox"/> Visible injury<br>accident) <input type="checkbox"/> Deceased |

## GENERAL ENQUIRIES

17. Were you injured in the accident?  Yes  No
18. Did you go to a clinic / hospital after the road accident?  
 Yes (pls. specify the name of the clinic / hospital) \_\_\_\_\_  
 No
19. Have you made a police report?  
 Yes (pls. specify branch) \_\_\_\_\_  
 No

## 20. SKETCH OF THE ACCIDENT

**Date of Accident :**

\_\_\_\_\_

**Time of Accident :**

\_\_\_\_\_

**Location of Accident :**

\_\_\_\_\_

**Road Condition :**

- Dry  
 Wet

**Light Conditions :**

- Daylight  
 Dawn or dusk  
 Dark (lighted)  
 Dark (Unlighted)

**Weather Condition :**

- Sunny / Clear  
 Raining  
 Drizzling  
 Foggy / Hazy

Please sketch in the boxes below, a simple diagram of the accident scene before and after the accident.

BEFORE ACCIDENT (OPTIONAL)

AFTER ACCIDENT (OPTIONAL)

21. I, \_\_\_\_\_ (name) state that the particulars stated in this form are to the best of my knowledge and that this form shall not be used in a court of law.

Signature : \_\_\_\_\_

NRIC No. : \_\_\_\_\_

Date : \_\_\_\_\_

*It is not compulsory to fill in this form. Any information that you do give in this form will not amount to any admission of blame / liability but is to provide the first details of the accident for purposes of notifying your insurer that an accident has occurred. You have the right to appoint a lawyer of your own choice to advise you on your rights and any claim that you may make. You may wish to consult a lawyer before you fill in this form. If you do choose to fill in this form, you will not be deemed to have waived any of your legal right, including making any claim for compensation as a result of the accident.*

**LETTER B**



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

← **Your name & address**

← **The other driver's insurer's name & address**

\_\_\_\_\_  
 ↑  
**Date of letter**

Att : Claims Manager

Dear Sir / Madam,

Re : Accident on \_\_\_\_\_ involving Vehicle No. \_\_\_\_\_ and Vehicle No. \_\_\_\_\_  
                                   (date)                                         (other driver's registration number)                                                             (your driver's registration number)

Reference is made to the above matter.

We / I would like to institute a bodily injury and death claim against your vehicle no. \_\_\_\_\_

Enclosed herewith are the relevant documents for your further action : \_\_\_\_\_ (other driver's registration number)

- Report to the police on accident*
- Police sketch plan and / or photos (if any)*
- Police investigation result*
- Photocopy of identification card of injured / deceased*
- Medical reports*
- Medical bills / receipts*
- Post mortem reports (if any)*
- Death certificate*
- Documentary proof of relationship (if dependent(s) is claiming)*
- i.e. birth certificate, marriage certificate*
- Latest salary slip*
- Others : \_\_\_\_\_*

Injury claim	Fatal claim

*Thank you.*

Yours faithfully,

\_\_\_\_\_

Name :

NRIC number :







A call centre service by:

