



# MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

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Branches

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A member of The MUI Group

In Association with CNA Insurance. USA

IT IS IMPORTANT that this form is completed fully and returned as quickly as possible to the Company

## MOTOR CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM IF YOU RECEIVE ANY COMMUNICATIONS ABOUT THIS ACCIDENT. PLEASE DO NOT ANSWER THEM BUT SEND THEM AT ONCE TO THE COMPANY; AND PLEASE DO NOT ADMIT THAT YOUR DRIVER WAS AT FAULT. OR THAT YOU ARE LIABLE FOR THE ACCIDENT.

### TYPE OF CLAIM

1	OWN DAMAGE		4	NOTIFICATION /OD KFK	
2	OD KFK (REVISED)		5	NOTIFICATION/TPPD	
3	WINDSCREEN		6	THEFT	

<u>THE INSURED</u>	Name ..... Policy number ..... Office Address ..... Expiry date ..... House Address ..... House Tel. No. .... Office Tel. No. .... Business or occupation .....
<u>THE INSURED VEHICLE</u>	Make and Model ..... Registration number ..... Year of Manufacture ..... Cylinder Capacity ..... Chassis No. .... Engine No. .... Who is the main user of the vehicle? ..... For what purpose was the vehicle being used at the time of the accident? ..... if being used by someone other than the Insured had the user obtained the Insured's consent? ..... Were goods being carried? ..... Commercial vehicles only: A, B or C licence ..... Unladen weight ..... Carrying capacity ..... Weight of the load .....
<u>THE DRIVER INVOLVED</u> <i>(Yourself if you were driving)</i>	Name ..... Age ..... Address ..... NRIC No. .... Driving licence details :- Class (es) covered ..... Licence No. .... Expiry date of licence ..... Provisional or Permanent ..... Date driving test passed ..... Is he your permanent driver? ..... How long has he been your service? ..... Does he suffer from any physical disability? ..... Has he ever been refused any motor Insurance? ..... Give details and dates of ALL convictions or impending prosecutions for motoring offences ..... If none, insert "NONE" Relationship between Insured and driver ..... OCCUPATION ..... Does he own a vehicle himself? ..... If so, and he is Insured, please give the name and address of the insures ..... Is there any other Policy indemnifying you or the Driver in respect of this Occurrence? .....
<u>THE ACCIDENT / LOSS</u>	Date of Accident ..... Time ..... Place ..... Estimated Speed of your Vehicle immediatly before the accident ..... Was horn sounded? ..... if so how many times? ..... Do you think that your driver was to blame? ..... or some other person was to blame? ..... If so, please give the name, address and occupation of the person to blame ..... Did the Police witness Occurrence? ..... Did they take particulars? ..... State Policeman's No. .... Was any statement as to fault made by witnesses or Drivers? ..... Was Accident reported to police? ..... If so, to which Police Station ..... Report No. ....
<u>WITNESSES</u>	Full Name ..... Address ..... Identity Card No. .... Passengers ..... in your ..... Vehicle .....

