



AMERICAN INTERNATIONAL GROUP, INC.  
 AMERICAN HOME ASSURANCE COMPANY SINGAPORE  
 A MEMBER OF AMERICAN INTERNATIONAL GROUP INC.

## MOTOR CLAIM FORM

### IMPORTANT NOTICE

1. The Insured is request to furnish the particulars as fully and accurately as possible.
2. This report must be returned to the Company at once and the acceptance of this from is not itself on admission of liability on the part of the
3. The insured or driver should make no admission of any liability to third Parties.
4. Every letter, Writ of Summons and or any form of communication that the insured or driver regarding the accident should be send to the Company immediately and unanswered.

#### PARTICULARS OF POLICY HOLDER / INSURED

Name \_\_\_\_\_ Policy No \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation / Business \_\_\_\_\_ Tel No \_\_\_\_\_ (Office) \_\_\_\_\_ (Residence) \_\_\_\_\_

#### PARTICULARS OF VEHICLE

Make & Type \_\_\_\_\_ Year \_\_\_\_\_ Registration No \_\_\_\_\_  
 Were goods being Carried?  No  If Yes, describe nature and state weight \_\_\_\_\_  
 Were any passengers conveyed in vehicle  No  If Yes, state number of passengers and provide name and Tel No \_\_\_\_\_  
 State The Purpose for which the vehicle was being used at the time of accident \_\_\_\_\_  
 Was vehicle let out on hire and or used for carrying of goods or passengers for hire or reward.  No  Yes

#### PERSON DRIVING AT THE TIME OF THE ACCIDENT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Marital Status \_\_\_\_\_ Tel No \_\_\_\_\_ (Office) \_\_\_\_\_ (Residence) \_\_\_\_\_  
 Occupation \_\_\_\_\_ If Sales related, please indicate whether  outdoor sales  indoor sales  
 Licence No \_\_\_\_\_ Expiry Date \_\_\_\_\_ Type : -  Quantity  Provisional  
 How long has the driver hold licence?  less than one year  if others, please specify \_\_\_\_\_ years \_\_\_\_\_ Month  
 Was the driver brought to hospital for a blood Alcohol Test?  No  Yes  
 Has the driver been convicted for drunken driving and or any offence in connection with the driving of a motor vehicle?  
 No  if Yes , please give details including dates \_\_\_\_\_  
 Driver's relationship with insured  relative  friend  Employee  Paid Driver  other \_\_\_\_\_  
 If insured was not driving, does the driver owns a motor car  No  If yes, state Registration No \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Name of Insurer \_\_\_\_\_  
 Was vehicle being driven with the knowledge and consent of the insured?  No  Yes

#### DETAILS OF ACCIDENT

Date & Time \_\_\_\_\_ Speed of vehicle \_\_\_\_\_ Place \_\_\_\_\_  
 Describe exactly how the accident/loss occurred. Please attach a copy of your police report to this form)

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**PLEASE GIVE ROUGH SKETCH OF ACCIDENT**

**POLICE**

Name of Police Station/Post the accident was reported to \_\_\_\_\_

**PARTICULARS OF INDEPENDENT EYE-WITNESS**

Name, NRIC/ Passport No, Address and Tel Nos \_\_\_\_\_

**DETAILS OF DAMAGE TO OTHER VEHICLE**

Vehicle No.	Name/Address of Owner/Driver	Name of Insurance Co.	Particular of Damages
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**DETAILS OF DAMAGE TO OTHER PROPERTY (Apart from Vehicles)**

Please state location and particulars of Damage \_\_\_\_\_

**DETAILS OF PERSON INJURED**

Give particulars of all injured. Please indicate if the person injured is a pedestrian, cyclist, motorcyclist, pillion rider, driver or passenger in your vehicle and driver or passenger in the other vehicle.

Name/ Address	Age	Nature of injuries	Remarks
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**OWN DAMAGE**

Please note that repairs should not be proceeded with until the vehicle is inspected and the estimate cost of repairs is approved.

State extent of damage to your vehicle \_\_\_\_\_

Are you claiming for the cost of repairs to your vehicle under your policy. (This is only applicable to comprehensive policy only)

Yes  No , please state reason:-  slight damage  claiming against the other party  other, please specify \_\_\_\_\_

State name and address of workshop and cost of repairs \_\_\_\_\_

I hereby declare that the above statements and the statements on the reverse hereof are true to the best of my knowledge.

Date

Signature of Driver

Signature of insured