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 l 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.

FORM A - ACCIDENT NOTIFICATION FORM

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?
   - ☐ Vehicle owner
   - ☐ Vehicle driver
   - ☐ Vehicle passenger
   - ☐ Pedestrian / Cyclist
   - ☐ Others *(Pls. specify)* : _____

2. Name *(as in NRIC)* : _____
3. NRIC No. : _____
4. Contact. No. : _____
5. Email address *(if Any)* : _____
6. Latest residential address *(only if different from NRIC)*

   _____

7. Registration no. of vehicle involved in an 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. NIRC No. : _____
12. Contact. No. : _____
13. Email address *(if any)* : _____
14. Latest residential address *(only if different from NRIC)*

    _____

15. DETAIL OF YOUR PASSENGER ***(if known)*** :

Name	: _____	Name	: _____	Name	: _____
NRIC No.	: _____	NRIC No.	: _____	NRIC No.	: _____
Contact No.	: _____	Contact No.	: _____	Contact No.	: _____
Condition	: ☐No apparent injury ☐Visible injury ☐Deceased	Condition	: ☐No apparent injury ☐Visible injury ☐Deceased	Condition	: ☐No apparent injury ☐Visible injury ☐Deceased

16. DETAIL 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 *(at point of accident)*	: ☐No apparent injury ☐Visible injury ☐Deceased	Condition *(at point of accident)*	: ☐No apparent injury ☐Visible injury ☐Deceased	Condition *(at point of accident)*	: ☐No apparent injury ☐Visible injury ☐Deceased