



Dispute Resolution Application Form

Use this form only if there is a dispute between Motor Claimants on the apportionment of liability on Motor Accident under the scenario stipulated in Motor Claims Guideline (MCG).

MCG scenario are as follows:

1. Motor Accident that DOES NOT involve Injuries and Fatalities
2. Motor Accident that DOES NOT involve government property
3. Motor Accident that DOES NOT involve Specially Registered Vehicle
4. Motor Accident that DOES NOT involve Hit & Run

DO NOT use this form if:

1. You have a dispute about the quantum (amount) to settle a claim.
2. Motor Accident is Non-MCG

Note: All dispute must be lodged within sixty (60) days from the date of accident.

Where to send the application:

Email: inquiry.bit@gmail.com

Hand/Postal:

BITA Secretariat

Unit 1.16, 1st Floor, Kiulap Plaza Hotel,
Simpang 88, Kiulap Commercial Area, BE1518 Negara
Brunei Darussalam

Section 1. Claimant's Details

Name:	
I.C No. (colour)	
Driving License No.	
Contact No.	
Email:	

Section 2. Insurance Details

Name of Insurance Company / Takaful Operator	
Policy No.	
Type of Policy (i.e Comprehensive)	
Motor Claim Reference No.	
Name of Claims officer	
Business phone no. (Claims Officer)	
Vehicle Registration No.	

Section 3. Motor Accident Details

Date of Accident	
Accident Location	
Third – Party Vehicle Registration No.	

Section 4. What is the Dispute / Issue?

Item no.	Particular	Yes	No
5.1	Has the insurer conducted an internal review? (if no, proceed to item 5.2)	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Have you requested an internal review? (if yes, proceed to item 5.3)	<input type="checkbox"/>	<input type="checkbox"/>
5.3	What was the date you requested an internal review?		
5.4	What was the date you received the internal review decision?		

(Explain what the dispute or issue is and what you think the decision should be. Please include date of decision and decision maker name if known. If you have new information, you should explain how it supports your application. Shall you need more space, please attach your information as a separate document to this form.)



Section 5. Supporting Documents

List and attach the documents that you want considered with your application. Please list documents that support your application. If you have not provided any of these documents to the insurer previously, please attach them below:

(Please name each document you attached as "A1", "A2", etc)

Document Number	Name of Document	Date	Documents to be provided by Insurer? (Yes / No)
A1			
A2			
A3			
A4			
A5			
A6			
A7			
A8			
A9			
A10			
A11			
A12			
A13			
A14			
A15			
A16			
A17			
A18			
A19			
A20			
A21			
A22			



Section 6. Claimants Privacy

All personal and health information you provide in this application form will be collected, retained, used and disclosed only with the objective of resolving the motor claim disputes. The information collected and retained from this application will be kept confidential.

Section 7. Declaration

I, () declare that, to the best of my knowledge, the information given by me in this form is true and correct. I understand that if I knowingly make a false statement on this form that I may be liable for punishment by law. As per above, I understand that once the dispute is deliberated under BITA Panel of Adjudicator, I may not pursue the case any further and the ruling from the panel will be final and binding.

Driver Signature

Signature of Policyholder *(if different from driver)*

Name:
Date:

Name:
Date:

BITA USE ONLY
BITA Ref:
Received Date:
Received by: