**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:** contactus.bita@gmail.com

**Hand/Postal:**

**BITA Secretariat**

Unit 1.16, 1st Floor, Kiulap Plaza Hotel,

Simpang 88, Kiulap Commercial Area, BE1518

Negara Brunei Darussalam

1. **Claimant’s Details**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| I.C No. (colour) | Click or tap here to enter text. |
| Driving License No. | Click or tap here to enter text. |
| Contact No. | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

1. **Insurance Details**

|  |  |
| --- | --- |
| Name of Insurance Company / Takaful Operator | Click or tap here to enter text. |
| Policy No. | Click or tap here to enter text. |
| Type of Policy (i.e Comprehensive) | Click or tap here to enter text. |
| Motor Claim Reference No. | Click or tap here to enter text. |
| Name of Claims officer | Click or tap here to enter text. |
| Business phone no. (Claims Officer) | Click or tap here to enter text. |
| Vehicle Registration No. | Click or tap here to enter text. |

1. **Motor Accident Details**

|  |  |
| --- | --- |
| Date of Accident | Click or tap to enter a date. |
| Accident Location | Click or tap here to enter text. |
| Third – Party Vehicle Registration No.  | Click or tap here to enter text. |

1. **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) | ☐ | ☐ |
| 5.2 | Have you requested an internal review? (if yes, proceed to item 5.3) | ☐ | ☐ |
| 5.3 | What was the date you requested an internal review? | Click or tap to enter a date. |
| 5.4 | What was the date you received the internal review decision? | Click or tap to enter a date. |

**What is the dispute / issues?**

(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.)

|  |
| --- |
| Click or tap here to enter text. |

1. **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 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A2 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A3 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A4 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A5 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A6 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A7 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A8 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A9 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A10 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A11 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A12 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A13 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A14 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A15 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A16 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A17 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A18 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A19 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| A20 | Click here to enter text. | Click here to enter a date. | Click here to enter text. |

1. **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.

1. **Declaration**

I, (Click or tap here to enter text.) 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.

Signature

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

(Click or tap here to enter text.)

Date: Click or tap to enter a date.

**In the witness of :**

**BITA USE ONLY**

BITA Ref: Click or tap here to enter text.

Received Date: Click or tap to enter a date.

Received by: Click or tap here to enter text.

|  |  |
| --- | --- |
| Name:  | Click or tap here to enter text. |
| I.C No. | Click or tap here to enter text. |
| Contact No.: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Signatory: |  |
| Date: | Click or tap to enter a date. |