

PRIVATE REPAIR SETTLEMENT FORM

Fill up this form when both parties agree not to make an insurance claim and have the repair works conducted at a mutually agreed workshop.

You can choose to enter into a private repair settlement with the owner/driver of the other car if there are **no personal injuries and damages are minor**. Under a private repair settlement, both parties agree to settle this matter privately and have the repair works conducted at a mutually agreed workshop. This is a legally binding agreement.

Details of Accident

Date / Time : _____ Exact Location : _____

Vehicle A

Carplate Number : _____

Driven by : _____ [Name & NRIC]

Owned by : _____ [Name & NRIC]

Vehicle B

Carplate Number : _____

Driven by : _____ [Name & NRIC]

Owned by : _____ [Name & NRIC]

Cash Settlement

Without any admission of liability, Party Paying Compensation will pay _____ % of the vehicle repair costs incurred and/or to be incurred by Party Receiving Compensation as a result of the accident.

The vehicle repair costs will be capped to a maximum amount of \$ _____. Party Paying Compensation will not be liable to pay for the portion of the vehicle repair costs above the maximum capped amount.

Acknowledgement

Both parties have agreed that there are no personal injuries and not to make a police report or insurance claim or take legal action relating to this accident.

Name (Party Paying Compensation) :

NRIC / Passport Number: _____

Contact Number: _____

Signature: _____

Name (Party Receiving Compensation) :

NRIC / Passport Number: _____

Contact Number: _____

Signature: _____

Each driver to keep a copy.

*This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement claims.

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MYCARFORUM
WHERE CAR ENTHUSIASTS CONVERGE

PRIVATE CASH SETTLEMENT FORM

Fill up this form when both parties agree not to make an insurance claim and do a settlement on the spot that may involve cash.

You can choose to enter into a private settlement with the owner of the other car if there are **no personal injuries and damages are minor**. Under a private settlement, both parties agree to settle the matter amicably with or without a cash compensation. This is a legally binding agreement.

Details of Accident

Date / Time : _____ Exact Location : _____

Vehicle A

Carplate Number : _____

Driven by : _____ [Name & NRIC]

Owned by : _____ [Name & NRIC]

Vehicle B

Carplate Number : _____

Driven by : _____ [Name & NRIC]

Owned by : _____ [Name & NRIC]

The parties have to settle this matter amicably as follows: **(Please tick one of the following)**

- Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.
- Without any admission of liability, Party Paying Compensation has paid a sum of \$ _____ which Party Receiving Compensation hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Acknowledgement

Both parties have agreed that there are no personal injuries and not to make a police report or insurance claim or take legal action relating to this accident.

Name (Party Paying Compensation) :

NRIC / Passport Number: _____

Contact Number: _____

Signature: _____

Name (Party Receiving Compensation) :

NRIC / Passport Number: _____

Contact Number: _____

Signature: _____

Each driver to keep a copy.

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ACCIDENT DETAIL FORM Fill up this form at the scene of accident if you or the other party is making an insurance claim.

Note down the Date, Time and Location of the accident. Take photos of the accident scene capturing the vehicle damages and surrounding area, including road intersections and direction of traffic.

Details of Accident

Date / Time : _____ Exact Location : _____

Vehicle A

Carplate Number : _____ Insurance Company : _____

Driven by : _____ (Name & NRIC) Owned by : _____ (Name & NRIC)

Contact Number : _____

Vehicle B

Carplate Number : _____ Insurance Company : _____

Driven by : _____ (Name & NRIC) Owned by : _____ (Name & NRIC)

Contact Number : _____

Vehicle C (fill up if applicable)

Carplate Number : _____ Insurance Company : _____

Driven by : _____ (Name & NRIC) Owned by : _____ (Name & NRIC)

Contact Number : _____

Witness name and tel no. (fill up if applicable)

Photo Checklist

Sketch of accident when impact occurred

Driver's NRIC

Damages of your vehicle capturing the carplate number.

Surrounding area of the Accident.

Road intersection and direction of traffic.

Damages of other vehicle(s) capturing the carplate number.

Remarks: _____

Signature of drivers

Vehicle A

Vehicle B

Vehicle C (if applicable)

Each driver to keep a copy.

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