

☒ Claim Accident Entry

IP No. *	<input type="text"/>	Claim No	<input type="text"/>
Bus Service No *	<input type="text"/>	Vehicle No *	<input type="text"/>
Accident Date *	<input type="text"/>	Accident Time *	<input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
Organization	<input type="text" value="[Select...]"/>	Interchange	<input type="text"/>

Accident Details

Reported Dates *	<input type="text"/>	Insured's Report	<input type="text"/>
Damages	<input type="text"/>		
Accident Location	<input type="text"/>		
Recoverable(OD)	<input type="radio"/> Yes <input type="radio"/> No	Recoverable From Insurer (BI)	<input type="radio"/> Yes <input type="radio"/> No
Any Own Damage *	<input type="radio"/> Yes <input type="radio"/> No	Any Property Damage / Bodily Injury	<input type="radio"/> Yes <input type="radio"/> No

Initial Findings

Date of Final Finding	<input type="text"/>	Operating Hours	<input type="text" value="[Select...]"/>
IO's Final Finding	<input type="text"/>	BOI Results	<input type="text"/>
Final Liability	<input type="text"/>	Duty IO *	<input type="text"/>

Vehicle

Vehicle No	<input type="text"/>	Make	<input type="text"/>
Model	<input type="text"/>		

Driver

Bus Captain code *	<input type="text" value="[Select...]"/>	Bus Captain Name *	<input type="text"/>
NRIC No *	<input type="text"/>	Mobile No *	<input type="text"/>

Save

Reset

Complete

Preview Documents

Next