

EveningCrest

Global Financial Advisory Services

Evening Crest Sdn Bhd (1296186-U)

ECSB/CAR/SAR/2023(01)

COMPANY'S CAR STOLEN/ACCIDENT REPORT FORM

COMPANY VEHICLE INVOLVED:

Company Reference No:

Car Insurance No:

Car Model:

Plate Number:

Year Made/Registered:

DESCRIPTION DETAILS:

NO	ITEM	DESCRIPTIONS/DETAILS
1	Date of Loss/Accident	
2	Time of Loss/Accident	
3	Location of Loss/Accident	
4	Employee's Name (Driver's Name)	
5	Employee's Address	
6	Employee's Contact No	
7	Employee's License No	
8	Description of Accident	
9	Company Vehicle Damage ("Where") <i>(Please attach with the damage photo(s))</i>	
10	Police Report Agency/Location	
11	Police Report No	
12	Police Officer's Name	

OTHER PARTY DRIVER:

Car No / Insurance No	
Driver's Name	
Address	
Contact No	
Injury Status	Yes / No <i>(if Yes please describe):</i>

PASSENGER(S):

Passenger's Name (s)	
Address	
Contact No	
Injury Status	Yes / No <i>(if Yes please describe):</i>

PREPARED BY:

Signature:

Employee's Name:

Employee's Position:

Date / Time: