

**Documents Checklist for Appeal Cases Against the Decision Of  
The Motor Insurers' Bureau of Singapore ("MIB")**

**Name of Injured:** \_\_\_\_\_ **ID of Injured:** \_\_\_\_\_

S/N	DOCUMENTS	YES	NO	N.A.	REMARKS for "NO"/"N.A."
1	Copy of Identity Card (back and front) of the Applicant to verify the identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Copy of Employment Pass/Work Permit of the Applicant, if foreigner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Identification documents of Representative if the Applicant is a Minor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	First Information Report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Ambulance Report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Singapore Accident Report (applicable for local drivers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Police report filed by the Applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Police Sketch Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Police Vehicle Damage Report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Outcome of Police Investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Photos of the accident vehicles and accident site (if available).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Copy of CCTV video (if available).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Witness(es)' statement or declaration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Death Certificate, Post Mortem Report and Coroner's Inquiry Report, if the Applicant is a deceased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Application for Claim(s) from MIB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Documents to support amount of damages such as medical reports, medical invoices / receipts and salary documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Driving Licence of applicant-driver involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Motor Insurance certificate of vehicle involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Document showing the amount of compensation paid by the motor insurance company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	A letter from Ministry of Manpower to confirm No Workmen's Compensation claim has been filed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	A letter from the Applicant's employer stating whether the Applicant was paid wages during Medical Leave and hospital and medical expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Quantification of the Applicant's claim in full, including General & Special Damages, Costs, Disbursements and Incidentals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	