

## MOTOR VEHICLE CLAIM FORM

Issuance of this form is not to be taken as an admission of liability.

PLEASE ANSWER ALL QUESTIONS IN FULL.

### MOTOR VEHICLE

Policy/Cover Note No.:		Receipt No.:		Date Paid:
Period of insurance	From:	To:	Type of Cover: Comprehensive/Full/Third Party.	
Name:				
Occupation:			Telephone No.:	
Email address:			Physical Address:	

### 2. VEHICLE DETAILS

Make:	Registration No.:	Year of make:
Engine No.:	Chassis No.:	
Colour:	Other Interested Parties/Financiers (if any):	

### 3. DRIVER'S DETAILS

Name:		
Date of Birth:	License No.:	Class:
Date Obtained:		

### 4. LOSS/DAMAGE/THEFT DETAILS

Date:	Time:	Speed:
Place:		
Purpose for which the vehicle was being used at time of accident:		
Brief description of damages:		
Location of the damaged vehicle:		

## 5. POLICE INFORMATION

Was the accident reported to the police? YES/NO		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date and Time reported:
Name of Police Station:		OB No.:		
Did Police visit the scene of accident?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name of Police Officer and I.D. No.:				
Who was charged for causing the accident? (Please tick appropriately): <input type="checkbox"/> (a) Myself/My Driver <input type="checkbox"/> (b) The Third Party				
<b>NB: (If Third Party was at fault, you are advised to claim from his/her insurance company to avoid losing your No Claims Discount (NCD) at renewal.</b>				

## 6. STATEMENT

Statement of how the accident happened (Driver to complete this part)

## 7. SKETCH

Sketch of scene of accident with names of roads and position of vehicles: (Driver to sketch )

## 8. IF THE ACCIDENT INVOLVES A THIRD PARTY, PLEASE INDICATE

Vehicle Owner:	
Tel No.:	
Name of driver:	
E-mail Address:	
Physical Address:	
Vehicle Registration No.:	Make:
Engine No.:	Chassis No.:
Name of Third Party Insurer:	

## 9. THIRD PARTY PROPERTY DAMAGE

Brief description of damage:

## 10. DRIVER/PASSENGER/THIRD PARTY INJURIES

Name, Address, Phone No. & Nature of Injury
A
B
C

## 11. NAME OF HOSPITAL WHERE THE INJURED PERSONS WERE ATTENDED TO


## DECLARATION

I do hereby, to the best of my knowledge and belief, warrant the truth of the foregoing statements in every respect and agree that if I have made any false or fraudulent statement, the claim shall be forfeited and/or policy cancelled.

I agree to provide additional information to the company (if required) to facilitate proper conclusion of this claim.

Name of Insured:	Signature:	Date:
Name of Driver:	Signature:	Date:

## CHECK LIST (PLEASE TICK)

- 1. Driving License
- 2. 3 Repair Estimates
- 3. Police Report
- 4. Original Copy of Admission of Guilt Receipt
- 5. Certified Copy of Vehicle Registration Book
- 6. Certificate of Motor Insurance
- 7. Proof of Premium Payment or Receipt

NB: In case where the Third Party is at fault, kindly attach the following Third Party Details:

- 8. Certificate of Motor Insurance
- 9. Copy of White book
- 10. Drivers' Licence
- 11. Contact Details i.e. mobile number & Physical Address