

## MOTOR ACCIDENT CLAIM FORM

**IMPORTANT NOTICE:**

All claims are notified subject to the PREMIUM PAYMENT WARRANTY

The issue of this form DOES NOT imply ADMISSION of liability on the part of the INSURANCE COMPANY

Please complete this form THOROUGHLY and thus avoid delay in the settlement of your claim

<b>1 Claim Reported By (Name in full):</b>			
Intimation Date:		Policy No:	Claim No:
Premium Status: - Fully paid ( )		Receipts No:	Payment Dates:
Valid Payment Plan ( )		Receipts No:	Payment Dates:
Outstanding Premium ( )		Receipts No:	Payment Dates:
Cover Type	Comp ( )	Act Only ( )	Third Party, Fire and Theft ( ) Third Party Only ( )
<b>2 Insured's Details (Name in Full):</b>			
Physical Residential Address:		Postal Address:	
Email Address:		Occupation:	
Email Add:	Contact No.	Official Physical Add:	
<b>3 Insured's Vehicle Details (Vehicle Make/Model):</b>			
Vehicle Reg:	Engine No.:	Chasis No.:	
Owner of M/Vehicle:			
Any Interest from a Finance Co.?	Yes ( )	No ( )	Name of Finance Company:
M/Vehicle Usage:			
<b>4 Accident/Loss Details (Place of Accident/Loss):</b>			
Date of Accident/Loss:		Time of Accident/Loss:	
Witness(es) (Passenger) :		Contact Number:	
(Independent):		Contact Number:	
Date Reported to the Police:	Time:	Station Reported to:	
<b>5 Driver at the Time of Accident (Name in Full):</b>			
Physical Residential Add:		Postal Add:	
Email Add:	Contact No.	Occupation:	
Email Add:	Contact No.	Official Physical Add:	
Dring Lic Class/No.:	Place of Issue:	Date of First Issue:	
Date of Birth:	Was S/he Driving With Insured's Permission? Yes ( ) No ( )		
<b>6 Damage to Insured's Vehicle</b>			
Impact Area(s)	Damaged Area(s)	Is the Vehicle Mobile Yes ( ) No ( ) If Not, Where is it Parked	
Frontal ( )	Frontal ( )	Town:	
Rear ( )	Rear ( )	Area:	
Right Hand Side ( )	Right Hand Side ( )	Place:	
Left Hand Side ( )	Left Hand Side ( )	Physical Add:	
Roof ( )	Roof ( )	Contact:	
Underneath ( )	Underneath ( )	Contact No.:	
Other(s)/Specify Impact and Damaged Area(s):			
<b>7 Damage to Other Vehicles or Property</b>			
Vehicle/Property Description	Name of Owner	Nature of Damage	Name of Insurer (If Known)

## 8 Details of Injury(ies)/Deaths

Name(s) of Injured/Deceased	Relationship With Insured	Contact Person	Contact Number

**9 STATE CAREFULLY AND CONCISELY WHAT HAPPENED**

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**ROUGH PLAN OF ACCIDENT**

 <p><i>Indicate impact Area(s) using arrows</i></p>	
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**Please enclose legible copies of the following documents, duly attested by the Insured:**  
 Registration Certificate      Driving License (of the driver)      Insurance Certificate      Police Report

**Note: If you were not charged by the Police for this accident, please complete section 10 and 11**

**10 Third Party Vehicle Owner Details** (Name in Full):

Physical Residential Address:	Postal Address:
Email Address:	Occupation:
Email Add:	Contact No.      Official Physical Add:

**11 Third Party Vehicle Details**

Vehicle Make and Model:	Vehicle Reg:
Owner of M/Vehicle:	
M/Vehicle Usage:	

**Please enclose legible copies of the following documents**  
 Registration Certificate      Driving License (of the driver)      Insurance Certificate

**12 Declaration**

I/We declare the foregoing to be true and correct, and undertake to render the Company every assistance in dealing with the matter. I/We further understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

Date:----- Place:----- Signature (Driver) :-----

Date:----- Place:----- Signature (Insured):-----

**Note:** If you wish to provide any other information, you may continue overleaf and/or attach a separate sheet