

## MOTOR CLAIM FORM

### IMPORTANT INFORMATION

- This form should be filled and signed in by the person named as the "Insured" on the policy document.
- All asterisked (\*) items must be completed
- Form is to be filled in BOLD letters.

### SECTION 1: THE INSURED DETAILS

Name of insured  Policy No.  Claim No.

Address  Phone number

Email  Company (If applicable)

### SECTION 2: THE INSURED'S VEHICLE

Vehicle No.  Engine No.  Year  Make  Model

Sum Insured  Insurer

### SECTION 3: DETAILS OF DRIVER

Name of Driver  Gender  Male  Female

Address  Phone number

Date of Birth  Driver's license No.  Expiry Date of License

### SECTION 4: DETAILS OF ACCIDENT

When did the accident happen? Date of Birth  Time  AM  PM

Exact location of the accident  Was the accident reported to the Police?  YES  NO

If yes, give the name of the Police Station and address

Give full details of what happened

**SECTION 5: DAMAGE TO THE INSURED'S VEHICLE**

Please give detail of the extent of damage to your vehicle

Name of repairer

Telephone No. of repairer

Address of repairer

Estimate cost of repairs

Where can the vehicle be inspected?

**SECTION 6: LIABILITY FOR THE ACCIDENT**

Was the accident caused by the fault of any Third Party?

 YES

 NO

If yes, give name and address

Phone number

Does the Third Party have motor insurance?

 YES

 NO

If yes, give the name of insurer

Policy No.

**SECTION 7: WITNESSES TO THE ACCIDENT**

Were there any witnesses?

 YES

 NO

If yes, please give details below

WITNESS	NAME	ADDRESS	PHONE NUMBER

Is the witness an occupant in the vehicle?

 YES

 NO

**SECTION 8: ADDITIONAL INFORMATION FOR THEFT OR FIRE**

Date of fire theft




Time


 AM
 PM

Exact location of the vehicle before Fire or Theft

Police Station Reported

Description

**SECTION 9: DECLARATION AND SIGNATURE**

I/We the above-named do declare that the information provided herein is true and correct. We further declare that if we have made any false or fraudulent statement or suppression or concealment of information relevant to this claim, this Policy shall be void and all rights to recover thereunder in respect of past or further accident shall be forfeited.

Insured signature

Date

DD	MM	YYYY
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