



POLICY NO \_\_\_\_\_

CLAIM NO \_\_\_\_\_ RENEWAL DATE \_\_\_\_\_

## CLAIM FORM FOR INSURANCE OF MOTOR VEHICLE

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

Please **in no case admit your fault nor make any payment** or offer of payment without the written authority of the company.

Answer ALL questions **FULLY** to avoid unnecessary correspondence and consequent delay in the settlement of the claim.

(a) NAME OF INSURED (IN FULL) .....

(b) Address P.O. BOX ..... Tel.....  
 Plot No.....  
 Street/Road.....  
 District.....

(c) Profession or Occupation .....

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### (1) THE INSURED VEHICLE

(a) Make (a).....

(b) Horse power (b).....

(c) Registration no. (c).....

(d) Price paid by the insured (d).....

(e) Year of Manufacture (e).....

(f) Date of purchase (f).....

(g) State whether New or Secondhand (g).....

(h) State purpose for which it was being used at the time of accident. h).....

(i) Was it in proper order and condition at that time? (i).....

(j) Mileage at the time of accident/theft/fire (j).....

(k) Was the vehicle being used with your knowledge and consent? (k).....



(l) If the claim is in respect of motorcycle. State whether a Pillion Passenger was being carried at the time of accident. (l).....

(m) If the claim is in respect of a lorry state:

(1) Whether a trailer was hauled (1).....

(2) The nature of goods carried at the time of Accident (2).....

(3) The weight of the load carried at the time Of accident (3).....

(4) Name of the owner of goods (4).....

(n) Is the vehicle your own property? (n).....  
 If not who else is interested in this vehicle and how? .....  
 .....

**(2) The person driving at the time of accident:**

(a) Full Name of the person (a).....

(b) Address (b).....

(c) His age and Occupation (c).....

**Relation to Insured**

(d) Particulars of Driving License 1.....

1. License No. ....

2. Date and place of issue 2.....

3. Date of expiry 3.....

4. Renewal No. 4.....

5. Valid up to 5.....

6. Type of License 6.....

(e) Is he your permanent paid driver? (e).....  
 If so since when? .....

(f) Has driver's licence ever been endorsed (f).....



or suspended? If so give full details with dates. ....  
 .....  
 .....

(g) State Whether

1. The driver has ever been prosecuted for driving offences is so, give details 1.....  
 .....

2. The driver has been involved in any accidents Previously is so give details 2.....  
 .....

3. The driver has ever been refused motor Vehicle insurance or continuance thereof 3.....  
 .....

(h) How long has he been driving motor vehicles (h).....

(i) Has the driver any other motor insurance of his own (i).....  
 (If so, state name of the insurers and details of the vehicle)

(j) Was he sober (j).....

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**IMPORTANT**  
 Kindly attach driver's license

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**(3) The Accident (Damage, Fire, Theft)**

(a) Date of Occurrence (a).....

(b) Time (b).....

(c) Place (Street or Road and Town) (c).....

(d) Were you in the Vehicle (d).....

(e) If not, when was it reported to you? (e).....

(f) On what side of the Street or Road was Your vehicle and how far from the kerb? (f).....  
 .....

(e) What was width of the Street or Road? (g).....

(h) And at what speed was the Vehicle being (h).....



driven before the accident?

(i) And at what speed was it being driven at the time of the Accident? (i).....  
.....

(j) In case of theft please state: (j).....

(i) Was the vehicle properly locked? (i).....

(ii) Is it fitted with any anti-theft devices such as burglary alarms, steering lock, etc If so give details of such devices (ii).....  
.....  
.....

(k) Please give full details of the nature and cause of the Accident/Theft/Fire (k).....  
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.....  
.....

Please draw a rough sketch plan of the scene of the accident



**(4) The Damage:**

Give in details the extent of all damage to the insured vehicle directly due to the accident:

(a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Estimated cost of repairs (b).....

(c) Where can the vehicle be inspected? (c).....

(d) Have you given instructions for repairs to be carried out? Is so, to whom (Name and Address): d) .....  
.....

(e) Have you instructed them to send an estimate to the Company immediately? (e).....

N.B. – If possible an estimate of repairs should be attached to this form and in any event it must be sent to the Company without undue delay.

**(5) The Result:**

(a) Has the accident caused any injury to any Person or persons? If so, give the following particulars:- (a).....

Name	Address	Occupation	Nature of injuries	Whether being conveyed in the vehicle or not



(b) If any injured person has been removed to a Hospital or medically attended, give name and address of Hospital or Doctor (b).....  
 .....  
 .....

(c) Did the accident cause damage to property Or livestock? If so give the name and address Of the owner stating nature and extent of Damage. (c).....  
 .....  
 .....  
 .....

**(6) General:**

(a) Has any claim been made upon you by any Third party? (a).....  
 If so, give details and attach the intimation: .....

Note: ANY NOTICE, WRITE OR SUMMONS RECEIVED FROM THE THIRD PARTY MUST BE IMMEDIATELY COMMUNICATED TO THE COMPANY AT THE FOREGOING ADDRESS

(b) If accident involve Third Party. (b).....  
 Give names and address of: .....

(i) Name of Insurance Company (i).....

(ii) Registration No. of Motor Vehicle (ii).....

(iii) Certificate No. (iii).....

(iv) Policy No. (iv).....

(v) Name of the Driver (v).....

(d) Give the following particulars about all witnesses to the accident: -

Name	Address	Whether being conveyed in the Vehicle or not

(e) Was the matter reported to the police (e).....  
 If so, give name of the Police Station and date .....



Ref. No: (if available) .....

(f) What action, if any, has been or is being Taken by the police or any other authority? (f).....  
 .....

(g) Give particulars of other insurance on The Vehicle if any (g).....  
 .....

(h) Have you paid premium under the policy? (h).....

(i) Whether you have ever before lodged a Claim under this Policy and/or any Motor Vehicle Policy? (i).....  
 .....

If so, give particulars: .....

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----- I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/We have made or any further declaration the Company require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the Policy shall be void and all rights recover thereunder in respect of past or future accidents shall be forfeited.

Date \_\_\_\_\_

Witness \_\_\_\_\_

Full Name \_\_\_\_\_

\_\_\_\_\_  
 Signature of the Insured - Where necessary the Insured official Stamp

