

Policy Holder's Details

Full Name :-

Mobile Number:-

Email Address:-



Motor Claim Form

DRIVER DETAILS

Title	First Name	Surname
Address:-		
Telephone :-	Mobile Number:	
Driver's License		

INSURED'S VEHICLE

Vehicle Registration Number:-	Vehicle Make/Model:-
Insurer and Policy Number:-	

DETAILS OF ACCIDENT

Date of Accident:-	Time of Accident:-
Location of Accident:-	

Full Description of Accident:-

DAMAGE TO THE INSURED'S VEHICLE				
Present Location of the vehicle :-				
Rough Estimate of Repairs:-				
Repairers Name:-				
Repairers Address:-				

ADDITIONAL INFORMATION FOR FIRE OR THEFT				
Date of Fire or Theft	DD	MM	YYYY	TIME:-
Police Station Reported:-				
Brief Description of Incident:-				

DETAILS OF THIRD PARTY INVOLVED (if available)
Driver's Name :-
Driver's/Owners Address:-
Driver's Telephone Number:-

Insurer and Policy Number:-
Details of any Injuries/damage:-

PERSONAL INJURIES

Was anyone injured?:- YES NO

Type of Injury:-

Injured Party (Driver/Passenger)

POLICE DETAILS

Kindly report to the nearest police station and liaise with the motor traffic division unit for the police report in the event of third party property damage, bodily injury or death. (This report is not free and it attracts a fee depending on negotiation).

Name of Police Station:-

Location of Police Station:-

Date of Report:-	DD	MM	YYYY	Time of Report:-
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Officer's Name :-

DECLARATION

By submitting this form, I declare that the information and answers given above are true in every detail

SIGNATURE OF THE DRIVER:-

DATE:-.....

SIGNATURE OF INSURED:-

DATE:-.....