

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.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Phone number
<input type="text"/>		<input type="text"/>
Email	Company (If applicable)	
<input type="text"/>	<input type="text"/>	

SECTION 2: THE INSURED'S VEHICLE

Vehicle No.	Engine No.	Year	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Insured	Insurer			
<input type="text"/>	<input type="text"/>			

SECTION 3: DETAILS OF DRIVER

Name of Driver	Gender	
<input type="text"/>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Address	Phone number	
<input type="text"/>	<input type="text"/>	
Date of Birth	Driver's license No.	Expiry Date of License
<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY

SECTION 4: DETAILS OF ACCIDENT

When did the accident happen?	Date of Birth	Time
<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/> HH <input type="text"/> MM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Exact location of the accident	Was the accident reported to the Police?	
<input type="text"/>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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

DDMMYYYY

Time

HHMM

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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