

motor vehicle

Claim Form



Claim Fax : 255 43 690

A. Insured Data

Please use capital letter

Full Name of Insured
[]

Address of Insured
[]

[] **Post Code** [][][][][][][][][]

Home Tel. [] **Office** []

Home Fax [] **Office** []

Policy No.
[]

B. Driver's Data

Name of Driver [] **Place / Date of Birth** []

Address of Driver
[]

[] **Post Code** [][][][][][][][][]

Driver's License valid when accident happened ? Yes No

Driver's License No. [] **Valid Until** []

C. Motor Vehicle Data

Vehicle Make / Model [] **Year Made** [] **License No.** []

D. Accident Report

Supply information completely and truthfully

Accident Date [] **Time** []

Place of Accident
[]

Estimated speed before accident [] **Km/hour**

Detailed cause of accident :
[]
[]
[]
[]
[]
[]
[]
[]

Accident at intersections. Sketch the location situation :
[]

E. Damage Report

Detail of damage / loss
[]
[]
[]
[]

Repair cost estimate
[]
[]
[]

Name and Address of repairer
[]
[]

F. Damage Detail

	Condition					Remarks and Other Comments
	Good	Dent	Scratch	Rust	Broken	
Driver's Side (Right)						
Front Fender						
Front Door						
Rear Door						
Rear Fender						
Passenger's Side (Left)						
Front Fender						
Front Door						
Rear Door						
Rear Fender						
Front Side						
Engine Hood						
Front Bumper						
Rear Side						
Trunk Cover						
Rear Bumper						
Others						
Car Roof						
Wheel (Rim)						
Dashboard						
Radio/Tape						
Front Windscreen						
Rear Windscreen						

G. Third Party Data

Full Name

Address

Post Code

Telephone Fax

Vehicle Make / Model Year Made License No.

Insured with (Name of Isurer)

Policy No.

Damage / Loss Description

Seeking damage / loss compensation amounting to

H. Statement

I, the undersigned, hereby express truthfully that the information supplied herein is true to the best of my knowledge and understanding, and hence am seeking compensation based on the terms and conditions of my Insurance Policy.

Signed at Date

Signature of Driver / Witness Signature of Insured

Full Name Full Name

Complete and correct information with adequate supporting documents help expedite the processing of your claim