



## Comprehensive Motor Claim Form

### Details of insured

Full Name:	Policy no:
E Mail:	Mobile No:
Address:	

### Insured vehicle details

Registration or identification no:	Was there any unrepaired damage to the vehicle before the accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the unrepaired damage		
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### Driver details

Who was in charge of the vehicle when the accident happened:		
Relationship to insured (e.g. son, daughter, employee):		
Address:		
Did the driver have a current driver's license for this class of vehicle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	License no:

### Details of loss / accident

Date:	Time:	Where did the accident happen:
Is the incident reported to Police Services? if no please report to Police Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe in detail the circumstances leading up to the accident and how the accident happened:		
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Loss amount / repair cost:		

**Damage details**

On the appropriate diagram please circle the areas damaged in the accident

**Insured vehicle**

If we wish to inspect the vehicle, whom do we contact and where will the vehicle be:

Full Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Was there any other third-party property damaged?  Yes  No if yes, provide details (including name and address of owner)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witness details**

Was there any witnesses?  Yes  No if yes, provide details below

Name of the witness: \_\_\_\_\_ Phone no: \_\_\_\_\_

Address: \_\_\_\_\_

**Declaration:** I/We the above named, do hereby, to the best of my/our knowledge and belief, agree/declare that the information and answers given in this form are truthful, accurate and complete. No information or facts likely to affect this claim have been withheld, warrant the truth of the foregoing statements in every respect and agree that if I/we have made any false or fraudulent statement of there be any suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Document required for claim process:**

- Police report
- Three Quotations from three parties to repair the damages
- Paid Bills after repair work being completed
- Registration copy. (Cancelled registration for theft Claim only)
- License copy of the driver at the time of incident