Meanwood General Insurance Ltd

Stand No. 1070, Fairview

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MOTOR CLAIM FORM

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY TO THE COMPANY

(Please answer all questions to the best of your knowledge)

INSURED DETAILS

Name			
Postal address		Tel No:	
Email address		Fax No:	
Occupation		Policy No:	

VEHICLE DETAILS

Make/ Type		CC	
Engine No.		Year of Manufacture	
Chassis No		Year of First Registration	
Date of purchase		Price purchased at	
Reg. No		Colour	
Sum Insured		Mileage completed	

DAMAGE TO MOTOR VEHICLE

Description of damage to own vehicle	
Estimate of repair cost	
Repairers name and address	
Where can your damaged vehicle be inspected?	

DRIVERS DETAILS

Name			
Address		Phone No:	
Occupation		Date of Birth	

Driving License	No:	Date of issue	Place of Issue	Class Full/ Learner
State the purpose for which the car was being used				
Was he/she driving with your permission?				
Was he /she had any motor policy? If yes state policy No. and company				
Was he/she in your employment? If yes, how long.				
Details of any motoring convictions				
Details of any previous accidents				
Details of any health complication				

PASSENGER DETAILS IN INSURED VEHICLE

Name	address	Injury

THIRD PARTY MOTOR DETAILS

Name of owner	Address	Make of vehicle	Registration No.	Name and address of driver	Details of damage

THIRD PARTY PROPERTY DAMAGE OTHER THAN VEHICLES

Name and address of owner		Details of damage	
Name of injured	Connection to accident e.g Driver , Passenger	Details of injuries	Name of hospital

THIRD PARTY CLAIMANTS DETAILS

Name		Insurers	
Occupation		Type of policy	
Address		Tel. No.	
Email address		Fax No.	
Make/ Type		CC	
Engine No.		Year of Manufacture	
Chassis No		Year of First Registration	
Date of purchase		Price purchased at	
Reg. No		Colour	
Market value of vehicle		Mileage completed	
CONSENT BY INSURED	I/We holder of the Policy with Meanwood General Insurance Limited have no objection to have the Third Party claim(s) to be settled in accodance with term and conditions therein. Name of Insured:…… Signed:……Date…….. Official stamp in case of Company		

VEHICLE THEFT

Date, time and place of theft	
Was the vehicle locked?	
Who is in possession of the keys	
Police station and case reference number	
Vehicle engine and chassis No.	
Details of previous attempted thefts if any	
Provide full details of accessories if stolen	

ACCIDENT DETAILS

Date, time and place			
Visibility, weather condition and Road surface			
Speed of your vehicle	Moment of accident kph	Before accident kph	
Was driver fit to drive the vehicle		Details of alcohol and drugs test and test results if conducted	
Police Details	Name of police/Traffic officer who recorded details of the accident		
Warning given at time of accident	Insured's driver	Third party's driver	
DESCRIPTION OF ACCIDENT			
SKETCH OF ACCIDENT	Kindly show the point of impact and direction of vehicles including any property damaged and nearby road signs		

DECLARATION

I/ we hereby declare that the foregoing particulars are true to the best of My/Our knowledge

Signature of Driver…….. Date……

Signature of Insured…….. Date……..

Capacity……..

Official stamp in case of Company
KINDLY NOTIFY THE INSURERS IMMEDIATELY IF ANY CIRCUMSTANCE REGARDING THIS CLAIM CHANGE.

CHECK LIST

- Complete claim form
- Driving license
- Police report
- Three repair quotations
- Copy of registration certificate
- Copy of Cover note/ certificate of Insurance