



VERITAS GENERAL INSURANCE PLC

MOTOR VEHICLE CLAIM FORM

THE COMPLETION OF THIS CLAIM FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY BY THE COMPANY

INSURED

NAME OF THE INSURED: -----POLICY NO: -----
OCCUPATION : -----TELEPHONE NO:-----
POSTAL ADDRESS: ----- PHYSICAL ADDRESS:-----
EMAIL ADDRESS: -----
PERIOD OF INSURANCE : FROM----- TO :-----
REGISTRATION CERTIFICATE NO. OR N.R.C. NO: -----DATE OF ISSUE : -----

MOTOR VEHICLE

MAKE OF VEHICLE: ----- TYPE : -----
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YEAR OF MANUFACTURE: ----- CC: -----
ENGINE NUMBER: ----- CHASSIS NO:-----
NUMBER OF PASSENGRS CARRIED: -----
COLOUR OF VEHICLE: -----DATE OF EXPIARY OF ROAD LICENCE: -----
CARRYING CAPACITY IF COMMERCIAL VEHICLE: -----
NATURE OF GOODS CARRIED IF ANY: ----- WEIGHT: -----
PURPOSE FOR WHICH IT WAS BEING USED AT TIME OF ACCIDENT: -----
IF MOTOR CYCLE, STATE IF IT IS EQUIPPED WITH PILLION SEAT: -----
IS ENGINE IN ANY WAY MODIFIED TO GIVE HIGHER PERFORMANCE? -----
IS VEHICLE SUBJECT OF A HIGHER PURCHASE AGREEMENT? -----
IF SO, GIVE DETAILS: -----
IN WHOSE NAME IS VEHICLE REGISTERED? -----
ARE YOU THE ABSOLUTE OWNER OF THE VEHICL? :-----

DRIVER OF MOTOR VEHICLE

FULL NAMES OF THE DRIVER: ----- AGE: -----
POSTAL ADDRESS: -----PHYSICAL ADDRESS: -----
CONTACT TELEPHONE NUMBER OF DRIVER: -----
DRIVING LICENCE NO: -----GROUPS COVERED: -----
DATE AND PLACE OF ISSUE: -----
STATE HOW LONG DRIVER HAS BEEN DRIVING MOTOR VEHICLES: -----
STATE FULL DETAILS OF ALL DRIVING CONVICTIONS, ENDORSEMENTS OF DRIVING LICENCE (IF NO CONVICTIONS OR ENDORSEMENTS, STATE NONE):-----
HAS DRIVER ANY PHYSICAL DEFECTS? -----IS DRIVER YOUR EMPLOYEE?:-----
IF SO IN WHAT CAPACITY: -----SINCE WHEN HAS HE BEEN SO EMPLOYED BY YOU? -----

PARTICULARS OF ACCIDENT/ FIRE

DATE OF ACCIDENT/ FIRE: ----- TIME: -----
EXACT PLACE OF ACCIDENT: -----
STATE WEATHER AND LIHGT AT THE TIME OF ACCIDENT: -----
SPEED OF VEHICLE: ----- KM PER HOUR: -----
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TYPE OF ROAD SURFACE: -----
HOW FAR WAS YOUR VEHICLE FROM NEAR SIDE KERB OR EDGE OF THE ROAD? -----
WIDTH OF THE ROAD: -----
DID ACCIDENT OCCUR ON STRAIGHT ROAD, CURVE OR JUNCTION? -----
WHAT WARNING WAS GIVEN BY INSURED’S DRIVER? -----

OTHER PROPERTY DAMAGED

WHAT WARNING WAS GIVEN BY THE OTHER PARTY?
OWNER OF PROPERTY DAMAGED: -----
POSTAL ADDRESS: ----- PHYSICAL ADDRESS: -----

EMAIL ADDRESS: ----- TELEPHONE NO: -----
NATURE OF DAMAGE: -----
HAS ANY CLAIM BEEN MADE AGAINST YOU IF SO BY WHOM?: -----

DAMAGE TO VEHICLE

STATE EXTENT OF DAMAGE:-----

WHERE CAN THE VEHICLE BE INSPECTED?: -----
STATE ESTIMATED COST OF REPAIR: -----
IF COVER IS COMPREHENSIVE, FULL THIRD PARTY FIRE AND THEFT, AND FULL THIRD PARTY, THREE
REPAIR ESTIMATES FROM APPROVED GARAGES, SHOULD BE ATTACHED

THE OTHER PARTY

FULL NAMES OF THE DRIVER: ----- AGE: -----
POSTAL ADDRESS: ----- PHYSICAL ADDRESS: -----

EMAIL ADDRESS: ----- TELEPHONE NO: -----
-
IF DRIVER NOT OWNER OF VEHICLE, GIVE NAME OF OWNER: -----
-
MAKE OF VEHICLE: ----- REG. NO: -----
-
INSURANCE COVER: ----- CERTIFICATE NO: -----
PERIOD OF INSURANCE: FROM ----- TO: -----
WHERE YOU TO BLAME FOR THE ACCIDENT?: -----

IF SO, GIVE REASONS : -----

DAMAGE TO VEHICLE: -----

IN CASE OF PERSONAL INJURIES

FULL NAMES AND ADDRESS OF INJURED PERSONS:-----

IN WHOSE VEHICLES WERE THEY TRAVELLING? :-----

NATURE OF INJURIES SUSTAINED:-----

WHERE ANY OF THE INJURED PERSONS ADMITTED IN HOSPITAL? :-----

IF SO, WHICH HOSPITAL? :-----

DID YOU RENDER ANY HELP TO THOSE INJURED? :-----

IF SO, WHAT HELP? :-----

POLICE EVIDENCE

DID A POLICER OFFICER TAKE PARTICULARS OF THE ACCIDENT? :-----

IF YES, GIVE HIS OR HER SERVICE NUMBER AND RANK:-----

POLICE STATION ADVISED: -----DATE REPORTED: -----

WAS THE OFFICER ANY EYE WITNESS TO THE ACCIDENT

DO THE POLICE INTEND TO PROSECUTE ANY OF THE PARTIES? : -----

IF SO, WHOM: -----

WHAT OFFENCE? : -----

DETAILS OF THE OCCURRENCE

EXPLAIN IN YOUR OWN WORDS HOW THE ACCIDENT OCCURRED:-----

SKETCH

PROVIDE SKETCH OF SCENE OF ACCIDENT WITH NAMES OF ROADS AND POSITION OF VEHICLES, PERSONS OR PROPERTY DAMAGED, AS CLOSE AS YOU ARE ABLE TO RECONSTRUCT THE SCENE OF ACCIDENT.

NOTE

ANY WRITTEN NOTICE OF CLAIM RECEIVED MUST BE PASSED IMMEDIATELY TO THE COMPANY UNANSWERED.

DECLARATION

I/WE HEREBY DECLARE THAT THE FOREGOING PARTICULARS FURNISHED BY ME/US IN THIS FORM, ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE FURTHER UNDERTAKE TO RENDER THE COMPANY ALL POSSIBLE ASSISTANCE IN DEALING WITH THIS MATTER AND FURTHER DECLARE THAT I/WE HAVE NOT MADE ADMISSION OF LIABILITY TO ANY THIRD PARTY. I/WE ACKNOWLEDGE THAT THE COMPANY SHALL BE ENTITLED WITHOUT REFERENCE TO ME/US TO ENGAGE AND INSTRUCT SUCH REPAIRS AT IT'S DISCRETION AND MAY DECIDE TO REPAIR OR REINSTATE THE VEHICLE.

I/WE FURTHER AGREE TO PAY THE REPAIRERS/ INSURERS THE EXCESS (IF ANY) APPLICABLE TO THIS CLAIM.

SIGNATURE OF INSURED: -----

DATE: _____

IF LIMITED COMPANY STATUS OF SIGNATORY PLUS OFFICIAL DATE STAMP.

CHECK LIST

1. Certified copy of Driving Licence
2. Certified copy of Registration Book of the vehicle
3. Police Report
4. Certified copy of Certificate of Insurance
5. Three Repair Estimates from approved garages by the Company
6. And any other support document that may be requested by the Company