

Motor Vehicle Insurance Claim Form

Important Instructions:

1. All Statements must be factual, not influenced or biased in any form.
2. The damaged vehicle must be parked in a safe place; it is understood that the Company shall not be responsible for any subsequent loss/theft.
3. Repairs must not be authorized without prior authorization from the company.

1. Driver Details

Policy Holder Name:.....

Registration no:.....

Who was driving at time of accident?

.....

Please provide details, if different from Policy Holder:

Name:.....

Address:.....

Phone:..... DOB:.....

Driving Licence No:..... Year of Issue:.....

Driver's relationship with policy holder:.....

2. Details of the Loss

Date:..... Time:..... Speed:.....

Place:.....

Weather Condition:..... Road Condition:.....

Were there any traffic lights in operation at accident scene:

Yes

No

If Yes, were they in your favor:.....

Agreed Statement of Facts(ASF) or Police Station (NIP)

If Police station, Please state police station name:.....

Did you fill a Minor Accident Form at the Police(PF179)?.....

If yes , Please state Occurrence Book No.(OB No.):.....

Did you or the driver accept responsibility for accident?

Yes

No

3. Other Party Damage/Bodily Injury /Property Damage

Kindly provide other party details:

Name:.....

Vehicle Reg. No:..... Other party Contact:.....

Other Party Insurer:.....

Were you/the driver or any passengers in the vehicle injured:

Yes

No

If yes, please give names, addresses:.....

.....

Extent of injuries:.....

Was there any other property damage: Yes No

If Yes, Please give details:.....

5. Documents Submitted (Please tick where applicable)

Driving Licence of Driver Horsepower

Agreed Statement of Facts

Pictures of accident

Notice of Intended Prosecution

Estimate of Repairs (Devis)

Signature of Insured:

Signature of Driver:

4. Damage to Your Vehicle

State extent of damage to your vehicle:.....

Full description of accident and events leading up to accident:

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Sketch of accident

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that I have not withheld any material fact concerning the accident or the injured party.

I understand that Quantum may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint independent Loss assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense

Date: