

MOTOR CLAIM FORM continued

7. OTHER PARTY	Name of Other Party..... Address Their Contact No. (H) (W) (Cell) (E-mail) Did they admit guilt to you or anyone else? Yes/No If Yes, who? Damage to their car?.....																																			
8. NAME & ADDRESS OF WITNESSES	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Name/s</td> <td style="width:20%;">Address</td> <td style="width:20%;">Contact numbers</td> <td style="width:20%;">Email addresses</td> </tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> </table>	Name/s	Address	Contact numbers	Email addresses																			
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9. NAME OF OCCUPANTS OF INSURED VEHICLE	Name Address Name Address Name Address																																			
10. DAMAGE TO PROPERTY OF OTHER PERSONS	Name of Owner..... Address Kind of Property..... If Motor Vehicle - State the Make Registration No. Estimated Cost of Repair..... Has a claim been made against you Is the third Party Insured? Give Insurer's Names if Known If other person/s property was a motor vehicle how many passengers were in the vehicle?.....																																			
11. PERSONS INJURED OR DECEASED	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Name</th> <th style="width:15%;">Address</th> <th style="width:10%;">Age</th> <th style="width:10%;">Related to Insured</th> <th style="width:10%;">Occupant of Insured's car</th> <th style="width:10%;">Occupant of Other car</th> <th style="width:10%;">Pedestrian</th> </tr> <tr> <th colspan="3"></th> <th>Yes/No</th> <th>Yes/No</th> <th>Yes/No</th> <th>Yes/No</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>	Name	Address	Age	Related to Insured	Occupant of Insured's car	Occupant of Other car	Pedestrian				Yes/No	Yes/No	Yes/No	Yes/No																					
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			Yes/No	Yes/No	Yes/No	Yes/No																														

I declare all information herein to be true and correct to the best of my knowledge and belief.

Name in Full Designation
 Signature Date

IF FUNDS ARE TO BE TRANSFERED DIRECTLY INTO AN ACCOUNT STATE:

Bank name Branch Acc name Acc No.
 Signature

FOR OFFICIAL USE ONLY

AGENCY..... POLICY NO..... CLAIM NO.....
 EFFECTIVE DATE OF COVER..... RENEWAL DATE..... SUM INSURED.....
 ESTIMATE..... EXCESS.....