

VEHICLE INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

1. Important Information

- a) Claim form is to be filled and signed by the Insured (Registered owner) of the vehicle. Please do not leave any column unanswered.
- b) All facts and statements must be factual and not false, influenced or biased in any form.
- c) The damaged vehicle must be parked at a safe place to avoid any subsequent damage/loss. Alliance Insurance will not be responsible for same.
- d) Please read carefully the attached list of documents required for faster scrutiny and processing of your claim.

2. Details of Insured

Policy Number: Claim Number:

Name: Address:

Phone Nos: Email Address:

D.O.B: Driving Licence Expiry:

3. Vehicle

Reg No.: Chassis No.:

Make: Model:

Cubic Capacity: Colour:

Year of Manufacture: Engine No.:

Road Fund Licence No. and Expiry Date:

For what purpose was it being used?

Was it being used by you or under your instructions?

Were any goods or samples being carried?

4. Details of the Driver (if not the Insured)

Name: Address:

Contact Nos: Email Address:

D.O.B: Driving Licence Expiry:

Has the driver ever been prosecuted for any offence with relation to driving a vehicle?

If yes, what was the nature of the offence?

If a paid driver, state in whose employ and duration of employment;

5. Details of the Loss/Accident

Incident Date: Approximate Time:

Incident Location: Speed of the Vehicle:

Did the Police attend the scene? Yes/No Did you report the accident? Yes/No

If yes, which Police station reported on scene or did you attend?

Did the driver of the vehicle make a statement? Yes/No If yes, please attach a copy

Was a breatherlyser test conducted? Yes/No

Which party is considered at fault for the incident?

What was the location of the vehicle prior to commencing the journey?

Intended destination of the journey?

Provide a detailed account of how the incident occurred with the relevant times.

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Provide a sketch of the incident at the time of impact.

Give a brief description of the damage(s) to the vehicle

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Where can the vehicle be examined? (Provide contact details of location if not at the insured’s residence)

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5. Details of Third Party Vehicle

Insured’s Name: Address:

Contact Nos.: Email Address:

Driver (if not the Insured): Contact Nos.:

Insurer/Broker: Contact Nos.:

Policy Number: Level of Cover: Comprehensive Third Party

D.O.B: Expiry Date of Driving Licence:

Description of Damage:

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6. Damage to Third Party Property

Name of Owner Contact Nos Location of property Description of Damage

i)
ii)
iii)
iv)

7. Personal Injury to Others

Names Contact Nos Hospital Attended Description of Injury

i)
ii)
iii)
iv)

b) Give full particulars of any claim that has been made against you, including forwarding all correspondences received.

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8. Witnesses

Names	Contact Nos
i)
ii)
iii)
iv)

9. Declaration

I, agree to provide additional information to the Company if required. I, do hereby declare, to the best of my knowledge and belief, warrant the truth of foregoing statements in every respect and agree that if I have made any false or fraudulent statement/declaration or thereby be any suppression or concealment, the policy even if issued, shall be void and cancelled with effect from the risk inception date and the claim shall be forfeited.

Signature of Insured: Date:

List of Documents required for claim settlement

- Duly filled and signed claim form
- Copy Road fund licence
- Copy of driving licence of the person driving at the time of the incident
- Estimate for spares and repairs from the repairer and supplier
- Police statement and Police report
- Additional invoices and receipts relevant to the claim