



MOTOR INSURANCE CLAIM FORM

Important Note: This form shall be filled in by the Insured. Filling and submitting of this claim form to Advantage Insurance does not create any contractual relationship between Advantage Insurance and the third party. Insurance contract is between Advantage Insurance and the Insured (our client). Consideration of third party claim is subject to compliance by the insured of Conditions, Warranties, payment of excess, and subject to limitations and exclusions as specified in the contract of insurance with the Insured.

A. INSURED DETAILS:

Name:..... Tel No..... Email.....
Policy/Certificate Number..... Type of Cover..... Sum Insured.....
Vehicle Registration No..... Vehicle Make/Model.....

B. THIRD PARTY DETAILS (please provide hereunder details of third party, if any that was involved in the accident with your insured vehicle)

Name:.....
Please state here – the party that is charged by the Police and blamed for causing the accident/damage.....
Email Address..... Tel. No.....
Vehicle Make/Model
Vehicle Registration No..... Value of Motor Vehicle.....
Insurers.....
Policy type..... Policy NO..... Period of Cover.....
Any interest from a finance company? if Yes, give details.....

C. LOSS DETAILS:

Date, time and Place of Accident/Occurrence.....
Short description of Accident/Incidence
Details of report to Police.....
Kindly state where vehicle can be inspected.....
Details of the driver at the subject time of accident.....
• Name..... Age..... Occupation.....
• Driving licence No..... NRC No.....
• Driving licence issue date..... Driving licence expiry date.....

- Driving licence effective for (type of vehicle) and when was it first issued.....

D. INJURIES TO OTHER PERSON(s)

Name	Age	Nature of Injury
------	-----	------------------

Please enclose copies of Registration Certificate, Driving Licence, Copy of certificate of motor insurance and Police Report.

DECLARATION

I/We agree to provide additional information to the Company, if required. I/We do hereby warrant the truth of the foregoing statement in every respect, and if I/We have made or make in further declaration the Company may require, any false or fraudulent statement, or any suppression or concealment, the claim shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Signature..... Date and Place.....