

NICOZ DIAMOND INSURANCE LIMITED

MOTOR CLAIM FORM

ANSWER ALL QUESTIONS FULLY AND CORRECTLY. FAILURE TO DISCLOSE ANY INFORMATION OR GIVING FALSE INFORMATION MAY RESULT IN THE CLAIM NOT BEING PAID.

| | | | | |
|--|--------------------|--|-----------------------|--------------------------|
| INSURER | Policy No. | | | |
| INSURED'S NAME | | | | |
| Email Address | | Mobile #: | | |
| Physical Address | | (Day) Phone No. | | |
| Vehicle Details | | | | |
| Engine No. | Chassis No. | Make | Model | Year |
| | | | | |
| Registration No. | | Value | | |
| In whose name is the vehicle registered? | | Where can your damaged vehicle be inspected? | | |
| Proposed Repairer's name | | Estimate for repairs, attach quotations | | |
| Details of Driver | | | | |
| Full name | | Date of Birth | | |
| Occupation | | ID No. | | |
| Driving Licence | Licence No. | Date Issued | Place of Issue | License Type |
| | | | | Learner Full |
| If Learner, Details of Instructor | | | | |
| State fully the purpose for which the vehicle was being used | | | | |
| Was he/she driving with your permission? | | | | |
| Details of any convictions for motoring offences | | | | |
| ACCIDENT | | | | |
| Date & Time | | Place | | |
| Description of Accident/Theft | | | | |

| | | | | |
|--|---|----------------------|-------------------|-------------------|
| UPLOAD PHOTOS OF ACCIDENT | | | | |
| Were there any witnesses, if so state Name and Contact Details | Name of Witness | Contact Details | | |
| | | | | |
| PASSENGERS IN INSURED VEHICLE | Name of Passenger | Occupation | Address | Phone No |
| | | | | |
| | | | | |
| | | | | |
| For what purpose were they carried? | | Are they employees? | Yes | No |
| OTHER VEHICLES | | | | |
| Registration No. | Make | Name of Owner | Owner's Address | Owner's Phone No. |
| | | | | |
| Damage | | Third Party Insurers | | |
| PROPERTY OTHER THAN VEHICLES | | | | |
| Name of Owner | Address of Owner | | Details of Damage | |
| | | | | |
| | | | | |
| | | | | |
| PERSONAL INJURIES OTHER THAN THOSE IN INSURED VEHICLE | | | | |
| Name of Person Injured | Relationship to accident (driver, passenger etc.) | Detail of Injury | Name of Hospital | |
| | | | | |
| | | | | |
| | | | | |
| We reserve the right to request for the original driver's license We hereby declare the foregoing particulars to be true in every respect | | | | |
| Signature of Driver | | Date | | |
| Signature of Insured | | Date | | |

WARNING – INSURANCE FRAUD IS A CRIME