



# FBC Insurance Company Limited

## MOTOR CLAIM FORM

NOTE : The issue of the Form is not an admission of Liability.

Answer ALL Questions : Dashed and Blanks will be construed as negative answers

(1) THE VEHICLE	MAKE & MODEL	REG. No.	YEAR
(2) THE INSURED	NAME.....POLICY No.....		
	ADDRESS.....PHONE No.....		
	.....BOX No.....		
	<b>HIRE PURCHASE DETAILS:</b>		
	AMOUNT OWING \$.....	TO WHOM .....	
	Previously being insured for Motor .....	With Whom.....	
HAVE YOU (a)	Been declined or refused renewal of Insurance.....		
	.....name of insurance company.....		
(b)	Been involved in any accidents/losses.....		
	Details .....		
(c)	Had your licence endorsed or suspended.....Date.....		
(d)	Been charge or convicted of a driving offence.....		
	Details.....		
(e)	What weight was the vehicle carrying at the time of the accident.....		
DO YOU	Suffer from any physical or mental defect, infirmity of impairment.....		
(3) THE DRIVER (This section also applies to person in whose charge the vehicle was at the time of the accident/loss)	NAME.....PHONE No.....		
	ADDRESS.....BOX NUMBER.....		
	OCCUPATION.....EMPLOYER.....		
	AGE.....RELATIONSHIP TO INSURED.....		
(a)	Are you a fully licenced driver.....		
(b)	Have you on this or any other occasion been warned or convicted of a driving offence.....		
	Give details.....		
	.....		
(c)	Has your licence been endorsed or suspended.....Date.....		
(d)	Have you been involved in any previous accidents.....Give details.....		
	.....		
(e)	Do you own Motor Vehicle.....If so with whom is it insured.....		
(f)	How long have you been employed by the Insured.....		
(g)	Did you have you the consent of the owner to use the vehicle.....		
(h)	Were you sober at the time of the accident.....		
(i)	For what purpose was the vehicle being used at the time of accident.....		

C1	(j)	Were any passengers being carried in course of business..... Give details.....
	(k)	Was anything paid, given or arranged for the use of the vehicle.....
	(j)	Give details..... Do you suffer from any physical or mental defect, infirmity or impairment..... .....
(4) <b>PASSENGERS</b>		NAMES..... ADDRESSES..... ..... Telephone Numbers..... Relationship to Insured/Driver.....
(5) <b>INDEPENDENT WITNESSES</b>		NAMES..... ADDRESSES.....
(6) <b>THE OTHER PARTY/PARTIES</b>		NAMES.....PHONE No..... ADDRESSES.....BOX No..... OCCUPATIONS.....INSURANCE Co..... (a) VEHICLE MAKE & MODEL:.....REG No..... (b) VEHICLE MAKE & MODEL:.....REG No..... YEARS (a)..... (b).....
(7) <b>POLICE : HAVE YOU</b>		Reported the accident/Loss to Police..... Date Reported.....Police Station.....
(8) <b>INJURIES OR FATALITIES</b>		NAMES..... ADDRESSES..... SEXES..... DETAILS OF INJURIES, etc..... ..... where any of the above persons in the Insured's vehicle.....whom..... ..... HAS A CLAIM BEEN MADE VERBALLY OR OTHERWISE AGAINST YOU..... <b>If any written notice or claim received, please forward the communication at once to the Company without replying.</b>
(9) <b>DAMAGE</b>	(a)	<b>INSURED VEHICLE</b> Where is Vehicle..... (b) Damage sustained..... (c) Estimated Cost of Repair \$..... <b>OTHER VEHICLES OR PROPERTY</b> (a) Description of Property..... (b) Damage Sustained.....

(10)  
 DRIVER'S  
**N.B.**  
 LICENCE

THIS **MUST** BE PRODUCED OR SENT TO THE COMPANY'S REPRESENTATIVE.  
**No..... DATE OF ISSUE.....**

PLACE OF ISSUE..... ENDORSEMENTS.....

INSPECTED BY.....

**N.B. THIS FORM MUST BE SIGNED BY ALL CONCERNED.**

**Date** ..... **Signature of Driver** .....

**Date** ..... **Signature of Insured** .....

**FOR SUBMISSION TO COMPANY'S ATTORNEYS**

**State fully and clearly details of accident/loss.**

**Date of Accident/Loss.....** **Time.....**

**Place of Accident.....** **Town.....**

**Speed.....m.p.h./k/p/h.** **Visibility.....**

**I, (Full Name of Driver).....hereby declare:-**

**Signature :.....**  
**MAKE A SKETCH MAP OVERLEAF**

## S K E T C H

Indicate North

