

NICOZ DIAMOND INSURANCE LIMITED

MOTOR ACCIDENT CLAIM FORM

(Delete sections not applicable)

INSURER	Policy No.				
INSURED'S NAME					
Email address					
Occupation					
Mobile No	Land line No				
Address and (Day) Phone No.					
VEHICLE DETAILS	Make	Engine No.	Model and Year	Horse power	Kilometers Completed
		Chassis No.			
	Registration No.	Value		Gross Vehicle Mass	Date of Purchase and price paid
In whose name is the vehicle registered					
Description of damage to Vehicle					
Estimate for repairs attach quotations					
Proposed Repairer's name address & telephone number					
Where can your damaged vehicle be inspected?					
Details of Driver					
Full name					
Address					
Occupation					
Email address					
Mobile NO	Land line No				
Date of Birth					
Driving Licence I.D. No.	No.	Date	Place	Full	Learner
If Learner Details of I-nstructor					
State fully the purpose for which the vehicle was being used					
Was he/she driving with your permission?					
Was he/she in your employ?					
Has he/she any motor insurance on own car? If yes, state Policy No and Company					
Details of any convictions for motoring offences					
Has licence ever been endorsed?					
Has he/she any physical disability?					
ACCIDENT/THEFT					
	Date		Time		Place
DESCRIPTION					
OF					
ACCIDENT/THEFT					
SKETCH OF ACCIDENT					
	P.T.O.				

WITNESSES			
Name, address and Phone No.			
Date, time and place			
THEFT			
Who is now in possession of the keys			
Police station and reference no.			
Vehicle, engine and chassis no.		Colour of Vehicle	
If accessories stolen, provide full details			
Any special identification mark			
Was vehicle locked			
Speed	Before Accident	Moment of Impact	
a) Weather conditions	a)	b)	
b) Visibility			
a) Road surface	a)	b)	
b) Width of road			
a) Which vehicle lights were on?	a)	b)	
b) Street lighting			
Was any warning given by you e.g, hooting, indicator etc			
Police details	Name of Officer	Station & Ref #	
Was driver tested for Alcohol or drugs			
PASSENGERS IN INSURED VEHICLE	Name and Occupation	Address & Phone No.	
For what purpose were they carried?			
Are they employees?			
OTHER VEHICLES	Registration No.	Make	Name and Address of Owner and. Damage and
			Driver/Phone No Third Party insurers
PROPERTY OTHER THAN VEHICLES	Name and Address of Owner		Details of Damage
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)	Name of Injured	Relationship to accident	Detail of Injury
		e.g. driver, passenger etc.	Name of Hospital
I have inspected the driver's licence and it is free of endorsements/ endorsed as shown		Signature	
We reserve the right to ask for the original driver's licence		Capacity	
We hereby declare the foregoing particulars to be true in every respect			
Signature of Driver Date.....			
Signature of Insured Capacity Date.....			
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURER IMMEDIATELY YOU BECOME AWARE OF IMPENDING PROSECUTION INQUEST OR DEMAND			
THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION OFFER PROMISE OF PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY			

WARNING – INSURANCE FRAUD IS A CRIME

Requirements

- Fully completed claim form
- Copy drivers license both sides (if not metal attach copy ID)
- Three quotations
- Police report