



An individual who assists an applicant to complete this claim form for insurance shall be deemed to have done so as an agent of the applicant

MOTOR CLAIM

SECTION 1: INSURED & DRIVER'S DETAILS

POLICY NUMBER:

INSURED	FULL NAME:	<input type="text"/>
	CONTACT ADDRESS:	<input type="text"/>
	TELEPHONE NUMBER(S):	<input type="text"/>
	EMAIL:	<input type="text"/>

DRIVER	FULL NAME:	<input type="text"/>
	CONTACT ADDRESS:	<input type="text"/>
	TELEPHONE NUMBER(S):	<input type="text"/>
	EMAIL:	<input type="text"/>
	DRIVER'S LICENSE NUMBER:	<input type="text"/>

Please provide a copy of your driver's license upon submitting the claim documents

SECTION 2: VEHICLE DETAILS

Reg No	Make/Model of Vehicle	Year of Make	Chasis No	Use Of Vehicle (Private / Commercial)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: LOSS DETAILS

DATE OF LOSS: TIME: LOCATION / LANDMARK

TYPE OF LOSS / DAMAGE

OWN DAMAGE COLLISION WINDSCREEN VANDALIZATION THEFT
 FIRE THIRD PARTY BODILY INJURY THIRD PARTY PROPERTY DAMAGE THIRD PARTY DEATH

LOSS DESCRIPTION:

Please fill on a separate paper if space is in-sufficient

LIABLE PARTY: INSURED THIRD PARTY POLICE REPORT: YES Report No: NO

ANY OCCUPANTS IN THE VEHICLE: YES Please Specify: NO

SECTION 4: THIRD PARTY DETAILS

NAME: REG. NO.: TELEPHONE NUMBER:
 ADDRESS: NAME OF INSURER:

SECTION 5: WITNESS(ES) DETAILS

NAME: ADDRESS:

NAME: ADDRESS:

SECTION 6: DECLARATION

I/We declare the foregoing to be true and I/We hereby authorize AXA Mansard Insurance and /or their Legal representatives to deal with all matters arising from this accident at their discretion and if they deem it expedient to admit liability and/or negligence on the part of myself/our servant or Agents.

SIGNATURE OF INSURED

SIGNATURE OF DRIVER