

**SANCTUARY INSURANCE COMPANY (PVT) LTD**

15 PRINCES ROAD, BELVEDERE,

P.O. BOX BE 103, BELVEDERE

HARARE

TELEFAX: 785921/4

**MOTOR CLAIM FORM**

PLEASE FURNISH ALL DETAILS USING THIS REPORT

INSURED: Name ..... Address .....

Telephone No. Home ..... Business .....

**\*SHOULD THE COMPANY BELIEABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE**

1. DEPOSIT CHEQUE INTO: BANK ..... ACCOUNT NO. .... BRANCH .....

2. SEND CHEQUE VIA MY BROKERS

**MOTOR VEHICLE DETAILS**

Make/Model ..... Year ..... Reg No.....

Name of Owner .....

Address .....

For what purpose was vehicle being used .....

Name of Hire-Purchase Company,if any..... Amount Outstanding.....

**DRIVER'S LICENCE**

Driver's full name ..... Age/Date of Birth..... Driver's licence No.....

Date & Place of issue..... Full or Provisional ..... Class(es).....

Endorsements Yes/No..... When and why.....

**DATE TIME AND PLACE OF ACCIDENT**

Date of Accident ..... Place of accident..... Time .....

Describe weather conditions .....

Description of road and its condition .....

**DESCRIPTION OF ACCIDENT**

Who authorized use of Motor Vehicle? .....

Why?.....

Speed? ..... If object collided with was moving, what direction was it going? .....

Police station where report was made and IR OR TAB. NO.....

If matter was not reported to police, please advice reason .....

Number of persons in Insured's motor vehicle .....

Name	Address	Apparent Age	Relationship to Insured	Indicate by X if injured was:		
				Occupant of insured's car	Occupant of other car	Pedestrian

Nature and extent of injuries .....

**PERSONS INJURED**

If medical attention was rendered, give name of doctor .....

Where were the injured taken .....

**DAMAGE TO PROPERTY OF OTHERS**

Name of owner ..... Address .....

Kind of property (if motor vehicle give make & year) .....

Nature and extent of damage .....

Estimated cost of repair ..... Has claim been made? .....

Is claimant insured? ..... Claimant's licence number .....

Name of Insurance Company .....

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**IT IS IMPORTANT TO COMPLETE BOTH SIDES OF THIS REPORT FORM**

Whenever possible please obtain names and addresses of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved.

**NAMES AND ADDRESSES OF WITNESSES (IMPORTANT)**

NAMES

ADDRESSES

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**DAMAGE TO MOTOR VEHICLE OF INSURED**

Parts damaged and extent .....

Estimated cost of repairs .....

Repairs should only commence with the Company's consent.

Name of party who caused damage ..... Address .....

Is he insured? ..... If so, name of company if known .....

Where may automobile be seen .....

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Driver's Statement:

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**DRIVER'S ACCOUNT OF ACCIDENT OR LOSS**

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

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**DIAGRAM OF ACCIDENT**

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**GIVE STREET NAMES, DIRECTION AND LOCATION OF OBJECTS CONCERNED**

**DECLARATION:** I/We hereby declare that the above statements, facts, and documents are true and that I/we have not withheld from the Company any information within my/our knowledge connected with the accident or loss.

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