

Note: The issue of this form is not to be taken as an admission of liability on the part of the company. All questions on this form should be answered.

Policy Number:	
Insured's Name:	
Vehicle Reg No:	Year of Manufacture:
Telephone Numbers:	
Email:	
Date of Accident	Time:
Where the accident occurred:	
Describe fully how accident occurred:	
Kindly list all damaged parts:	
When was your last claim:	

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances above.

Date.....

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(Signature & Stamp of Insured)