

Revised: 13/12/16

## NICOZ DIAMOND INSURANCE LIMITED MOTOR CLAIM FORM

ANSWER ALL QUESTIONS FULLY AND CORRECTLY. FAILURE TO DISCLOSE ANY INFORMATION OR GIVING FALSE INFORMATION MAY RESULT IN THE CLAIM NOT BEING PAID.

INSURER	Policy No.				
<b>INSURED'S NAME</b>	Email address :				
Address and (Day) Phone No.					
<b>VEHICLE DETAILS</b>	Make	Engine No.	Model and Year	Horse power	Kilometres 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?					
<b>Details of Driver</b>					
Full name					
Address					
Occupation					
Date of Birth					
Driving Licence I.D. No.	No.	Date	Place	Full	Learner
<b>If Learner Details of Instructor</b>					
State fully the purpose for which the vehicle was being used					
Was he/she driving with your permission?					
Was he/she in your employ?					
Details of any convictions for motoring offences					
Has licence ever been endorsed?					
Has he/she any physical disability?					
<b>ACCIDENT</b>					
	Date		Time		Place
DESCRIPTION OF ACCIDENT/THEFT					

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SKETCH OF ACCIDENT (If necessary use separate page)			
Along which road and in which direction was the vehicle travelling			
Date, time and place			
Any special identification mark			
Was vehicle locked			
Speed	Before Accident	Moment of Impact	
a) Weather conditions b) Visibility	a)	b)	
a) Road surface b) Width of road	a)	b)	
a) Which vehicle lights were on? b) Street lighting	a)	b)	
Was any warning given by you e.g, hooting, indicator etc			
Were there any witnesses if so give Name and Contact Details			
<b>THEFT</b>			
Date and Time of Theft			
From which address or exact location was the vehicle			
Where was the vehicle parked (garage/carport/driveway/parking area/road side or other place)			
When did you last see the vehicle			
Were all doors and windows closed and locked			
Where were the keys to the vehicle when the theft occurred			
When and how did you discover the theft			
Who is now in possession of the keys			
Vehicle, engine and chassis no.			
If accessories stolen, provide full details			
Any special identification marks			
Police details	Name of Officer	Station & Ref #	
Date reported to Police Station and name of Station			
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

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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 e.g. driver, passenger etc.	Detail of Injury	Name of Hospital
I have inspected the driver's license and it is free of endorsements/ endorsed as shown			Signature .....	
			Capacity .....	
If Learner give Learner License number and where issued and copy of the accompanying driver's license .....				
We reserve the right to ask for the original driver's license				
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 IS 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**