



FIRST INSURANCE COMPANY LIMITED

“Service Beyond Expectation”

A Subsidiary of NicozDiamond Insurance Limited, Zimbabwe

Plot No.1 Kyadondo Road
P.O.Box 5245, Kampala-Uganda
Email:fico@fico.co.ug
Website: www.fico.co.ug

MOTOR ACCIDENT CLAIM FORM

IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form
2. Neither owner nor driver must admit fault or liability for this accident
3. Do not answer communications about this accident, but send them to the Insurers for Consideration
4. All questions on this form must be answered
5. Repairs must not be authorized without prior authority of the insurers

POLICY HOLDER	Name Address..... Email.....Tel No..... Business/Occupation.....
POLICY	Number.....Expiry date..... Name of hire purchase or finance company.....
VEHICLE	Make & Model.....Year of Manufacturers..... Reg. No of VehicleCarrying capacity..... Reg. No of Trailer.....Carrying capacity..... Name of Owner..... Address
USE	State the exact purpose for which the vehicle was being used at the time of the accident.....
COMMERCIAL VEHICLES	Description of goods being carried..... Name of owner of goods..... Was a trailer attached..... Weight of load on (a) Vehicle.....(b) Trailer (s).....
ACCIDENT /THEFT	Date.....Time.....am/pm Place..... Type of road surface.....Visibility.....Wet/Dry..... What lights were showing on your vehicle? Yes.....No..... What warning did your driver give?..... Estimated speed before accident.....Weather conditions..... Did police take particulars? Yes.....No.....If so, give Constable's number and station..... To which station was the accident/Theft reported?..... Attach any copy notice of intended prosecution if any.

**DRIVERS
DETAILS**

Name.....
Occupation.....Actual Date of birth.....
Address.....
Tel No.....
Is he employed by you?.....How long has he been in your service?.....
Was he driving with your permission?.....How long has he been driving motor vehicles?.....
Was he in any way to blame for the accident?..... Did he admit liability?.....
Has he had any previous accidents?.....If so, how many, and approximate date.....
.....
Has he any conviction for any offence in connection with any motor vehicle or any charges pending.....
If so, give details including dates.....
.....
Does he hold a full or provisional license to drive this vehicle?.....
If full, state date when driving test first passed..... Number.....
Does he own a Motor Vehicle?.....If so, give name and address of Insurer.....
.....Driver's Policy No.....

**PLAN OF
ACCIDENT**

Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were traveling. Also show type and position of traffic signs, skid marks, pedestrians crossing and any other relevant information.

STATEMENT BY DRIVER	Signature of Driver.....			
STATEMENT BY OWNER OR POLICY HOLDER	Signature of Owner.....			
DAMAGE TO INSURED VEHICLE	State briefly apparent damage..... (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the insurers an estimate for repairs). Repair's name..... Address..... Email..... Tel No.....			
OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	Name and address of Owner	Reg./No.	Name of Insurer	Other property damaged
	Name and address of driver:			
PERSONS INJURED	Name and address	Relationship to the policy holder	If Driver or Passenger Vehicle Reg.No.	Apparent injuries
INDEPENDENT WITNESS	Name		Address	
PASSENGERS IN YOUR VEHICLE	Name		Address	
IN YOUR VEHICLE				

DECLARATION

I DECLARE that these particulars are true and undertake to forward immediately any correspondence relating to this accident. I/ We the above named, do hereby to the best of my/ our knowledge and behalf, warrant the truth of the foregoing statements in every respect; and I/ We agree that if I/We have made, or in any further declaration to the company in respect of the said loss, shall make any false or fraudulent statement or any suppression or concealment my / our claim shall be absolutely forfeited and the Policy shall henceforth be null and void.

Date.....Insured's Signature.....

Name.....

PLEASE COMPLETE AND RETURN THE CLAIM FORM AND PROVIDE THE FOLLOWING

- 1. Copy of the log book.
- 2. Copy of the valid drivers permit (for accidental damage).
- 3. At least two repair/replacement quotations.

Note:

- 1. **For any claim to be registered, please ensure that your vehicle is brought to our offices for inspection and photographs of the damage taken by our claims staff.**
- 2. **Exaggeration of claim amount or deliberate submission of falsified/fraudulent documents will render your claim inadmissible for payment.**