

Motor Vehicle Insurance Claim Form

Important instructions:

1. All statements must be factual, not influenced or biased in any form.
2. The damaged vehicle must be parked in a safe place; it is understood that the Company shall not be responsible for any subsequent loss/theft.
3. Repairs must not be authorised without prior authorisation from the Company.

1. Insured Details

Name of Insured:

Address:

Phone: E-mail:

Occupation:..... Policy No.:

2. Driver Details

Who was driving at time of accident?

Driver's relationship with the Insured:

Please provide details, if different from the Insured:

Name:

Address:

Phone: Date of birth:

Driving licence number: Year of issue of driving licence:

3. Details of the Loss

Date: Time:

Place: Speed of vehicle at time of accident: Km/h

Weather condition: Road condition:

Were there any Traffic Lights in operation at accident scene: **Yes** **No**

If Yes, were they in your favour:

Full description of accident and events leading up to accident:

.....

.....

Was an Agreed Statement of Facts (ASF) filled after accident? Yes No

Have you reported the accident to the Police Station? Yes No

If Yes, please state which Police Station:

In case of no mutual agreement, did you fill a Minor Accident Form at the Police (PF 179)? Yes No

If Yes, please state Occurrence Book Number (OB Number):

Did you or the driver accept responsibility for accident? Yes No

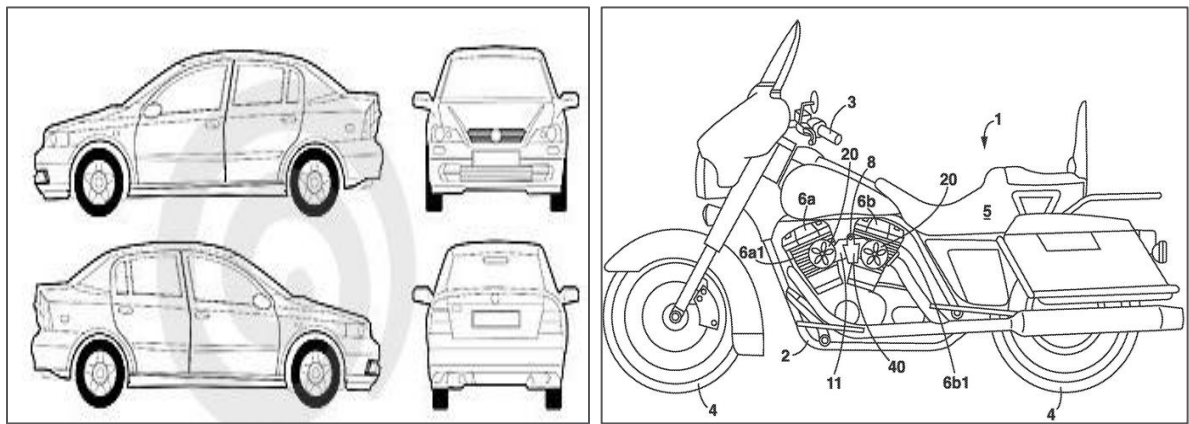
4. Damage to Your Vehicle

Vehicle Registration No.:

State extent of damage to your vehicle:

.....

.....



- | | | | |
|-------------------------------------|-------------------------------------|--|---|
| Passenger`s side | Driver`s side | Car Centre | |
| <input type="checkbox"/> Front wing | <input type="checkbox"/> Front wing | <input type="checkbox"/> Front | <input type="checkbox"/> Rear window/screen |
| <input type="checkbox"/> Front door | <input type="checkbox"/> Front door | <input type="checkbox"/> Bonnet | <input type="checkbox"/> Boot |
| <input type="checkbox"/> Rear door | <input type="checkbox"/> Rear door | <input type="checkbox"/> Front window/screen | <input type="checkbox"/> Rear |
| <input type="checkbox"/> Rear wing | <input type="checkbox"/> Rear wing | <input type="checkbox"/> Roof | |

Sketch of the accident

Please indicate tracks of vehicles, road markings, position of any nearby pedestrian crossing, and/or traffic signal lights.

5. Bodily Injury / Property Damage

Were you/the driver or any passengers in the vehicle injured: **Yes** **No**

If Yes, please give names, addresses:

.....

Extent of injuries:

.....

Was there any other property damage: **Yes** **No**

If Yes, please give details:

.....

6. Other Party Details

Name:

Address:

Phone Number:

Vehicle's Registration Number: Vehicle's Make and Model:

Name of Third Party Insurer:

Extent of damage to other party's vehicle:

.....

.....

7. Witness of accident

Full names and addresses:

.....

.....

8. Documents Submitted (Please tick where applicable)

- Driving Licence of driver
- Agreed Statement of Facts (Constat à l'amiable)
- Horse Power of Vehicle
- Estimate of repairs (Devis)
- Pictures of accident
- Notice of Intended Prosecution

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that I have not withheld any material fact concerning the accident or the injured party.

I understand that Quantum may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Loss Assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature of Insured:

Date:

Signature of Driver:

Date: