



FBC Insurance Company Limited

MOTOR CLAIM FORM

NOTE : The issue of the Form is not an admission of Liability.

Answer ALL Questions : Dashed and Blanks will be construed as negative answers

(1) THE VEHICLE	MAKE & MODEL	REG. No.	YEAR
(2) THE INSURED	NAME.....POLICY No.....		
	ADDRESS.....PHONE No.....		
BOX No.....		
	HIRE PURCHASE DETAILS:		
	AMOUNT OWING \$.....	TO WHOM	
	Previously being insured for Motor	With Whom.....	
HAVE YOU (a)	Been declined or refused renewal of Insurance.....		
name of insurance company.....		
(b)	Been involved in any accidents/losses.....		
	Details		
(c)	Had your licence endorsed or suspended.....Date.....		
(d)	Been charge or convicted of a driving offence.....		
	Details.....		
(e)	What weight was the vehicle carrying at the time of the accident.....		
DO YOU	Suffer from any physical or mental defect, infirmity of impairment.....		
(3)			
THE DRIVER	NAME.....PHONE No.....		
(This section also applies to person in whose charge the vehicle was at the time of the accident/loss)	ADDRESS.....BOX NUMBER.....		
	OCCUPATION.....EMPLOYER.....		
	AGE.....RELATIONSHIP TO INSURED.....		
(a)	Are you a fully licenced driver.....		
(b)	Have you on this or any other occasion been warned or convicted of a driving offence.....		
	Give details.....		
		
(c)	Has your licence been endorsed or suspended.....Date.....		
(d)	Have you been involved in any previous accidents.....Give details.....		
		
(e)	Do you own Motor Vehicle.....If so with whom is it insured.....		
(f)	How long have you been employed by the Insured.....		
(g)	Did you have you the consent of the owner to use the vehicle.....		
(h)	Were you sober at the time of the accident.....		
(i)	For what purpose was the vehicle being used at the time of accident.....		

C1	(j)	Were any passengers being carried in course of business..... Give details.....
	(k) (j)	Was anything paid, given or arranged for the use of the vehicle..... Give details..... Do you suffer from any physical or mental defect, infirmity or impairment.....

(4)
PASSENGERS

NAMES.....
ADDRESSES.....
.....
Telephone Numbers.....
Relationship to Insured/Driver.....

(5)
INDEPENDENT WITNESSES

NAMES.....
ADDRESSES.....

(6)
THE OTHER PARTY/PARTIES

NAMES.....PHONE No.....
ADDRESSES.....BOX No.....
OCCUPATIONS.....INSURANCE Co.....
(a) VEHICLE MAKE & MODEL:.....REG No.....
(b) VEHICLE MAKE & MODEL:.....REG No.....
YEARS (a)..... (b).....

(7)
POLICE : HAVE YOU

Reported the accident/Loss to Police.....
Date Reported.....Police Station.....

(8)
INJURIES OR FATALITIES

NAMES.....
ADDRESSES.....
SEXES.....
DETAILS OF INJURIES, etc.....
.....
where any of the above persons in the Insured's vehicle.....whom.....
.....
HAS A CLAIM BEEN MADE VERBALLY OR OTHERWISE AGAINST YOU.....
If any written notice or claim received, please forward the communication at once to the Company without replying.

(9)
DAMAGE

(a) **INSURED VEHICLE**
Where is Vehicle.....
(b) Damage sustained.....
(c) Estimated Cost of Repair \$.....
OTHER VEHICLES OR PROPERTY
(a) Description of Property.....
(b) Damage Sustained.....

(c) Estimated Cost \$.....

(10)
DRIVER'S
N.B.
LICENCE

THIS **MUST** BE PRODUCED OR SENT TO THE COMPANY'S REPRESENTATIVE.
No..... DATE OF ISSUE.....
PLACE OF ISSUE..... ENDORSEMENTS.....
INSPECTED BY.....

I/We hereby declare that the foregoing particulars are true and are a complete and full disclosure of the circumstances connected with the accident or loss.
I/We undertake to render the Company all possible assistance in dealing with the matter.

N.B. THIS FORM MUST BE SIGNED BY ALL CONCERNED.

Date Signature of Driver
Date Signature of Insured

STATEMENT

FOR SUBMISSION TO COMPANY'S ATTORNEYS

State fully and clearly details of accident/loss.

Date of Accident/Loss..... Time.....
Place of Accident..... Town.....
Speed.....m.p.h./k/p/h. Visibility.....
I, (Full Name of Driver).....hereby declare:-

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.....
.....
.....
.....

Signature :.....
MAKE A SKETCH MAP OVERLEAF

S K E T C H

Indicate North

