



Hollard

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HOLLARD INSURANCE BOTSWANA
(REG. NO. 2005/654)

MOTOR ACCIDENT CLAIM
(Delete sections not applicable)

		VAT REGISTRATION NUMBER			
		Policy Number			
INSURED	Name and Occupation				
	Identity Number				
	Address and (Day) Phone No.				
VEHICLE		Make	Year	Gross Vehicle Mass	Kilometres completed
	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company.	Registration Number	Value	Model and Year	Date of purchase and price paid
	In whose name is the vehicle registered?				
DAMAGE	Damage to own vehicle.				
	Estimate for repairs or attach quotation.				
	Repairer's name and address and telephone number.				
	Where can your damaged vehicle be inspected?				
DRIVER	Full Name				
	Address				
	Occupation				
	Identity Number				
	Driving Licence	Number	Date	Place	Code Full Learner
	State fully the purpose for which the vehicle was being used.				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Is he/she the owner of another vehicle?				
	If yes, give name of Insurer and policy number.				
	Details of any convictions for motoring offences.				
	Has licence ever been endorsed?				
	Has he/she any physical defects?				
Details of previous accidents.					
PASSENGERS (Insured vehicle)		Name	Address	Injury	
	PASSENGERS IN INSURED VEHICLE				
	For what purpose were they carried?				
	Are they employees?				
OTHER PARTY	OTHER VEHICLES	Registration Number	Make	Name and Address of Owner and Driver	Details of damage
	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.	Details of injuries	Name of Hospital (if applicable)