

# Motor Accident Claim Form

(Delete Sections not applicable)

# Botswana Insurance Company Limited

POLICY NO.

<b>INSURED</b>	Name and Occupation	
	Address and Tel. No./Cell:	
	Contact E-mail:	

<b>VEHICLE</b>	If Vehicle subject to a Hire Purchase, Credit or Leasing Agreement. State name and address of finance Company	Make	Finance Company	Gross Vehicle Mass	Kilometers completed
		Registration	Value	Model and Year	Date of purchase and price paid

<b>DAMAGE</b>	Damage to own vehicle	
	Estimate for repairs or attach quotation.	
	Repairer's name, address and telephone number.	
	Where can your damaged vehicle be inspected?	

<b>DRIVER</b>	Full Name					
	Address					
		Tel. No.				
	Occupation and date of birth					
	Driver's Licence	No.	Date Issued	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?					
	Has he/she any motor insurance on own car? If yes, state policy no. and Company.					
	Details of any convictions for motoring offences					
Has licence ever been endorsed?						
Does he/she have any physical defects?						
Details of previous accidents						

<b>PASSENGERS (insured vehicle)</b>	<b>PASSENGERS INJURED</b>	Name	Address	Injury
	For what purpose were they being transported?			
	Are they employees?			

<b>OTHER PARTY</b>	<b>DAMAGE TO OTHER VEHICLES</b>	Registration No.	Make	Name and address of owner and driver	Details of damage

<b>OTHER PARTY</b>	<b>DAMAGE TO PROPERTY OTHER THAN VEHICLES</b>	Name and address of owner	Details of damage

<b>OTHER PARTY</b>	<b>PERSONAL INJURIES</b>	Name of injured	Relationship to insured e.g. driver, passenger etc.	Details of injuries	Name of hospital if applicable