## Motor Accident Claim Form

Botswana
Insurance Company Limited

POLICY NO.

(	Delete Sections not	applicable)		IIISUrai	ice con	lipaliy i	_IIIIIleu				
ED	Name and Occupation	ansir.			emi			ete C	dell'incontrol	rise ministration	
INSURED	Address and Tel. No./Cell:								Checked fiel air	niev ant anW	
Ž	Contact E-mail:							Charles	To endoughour o	i woo si oriwi	
CLE	If Vehicle subject to a Hire Purchase, Credit or Leasing	Make		Fi	Finance Company		Gross Vehicle Mass		Kilometers completed		
Ŧ	Agreement. State name and address of finance Company	Registration		On	Value		Model and Year		Date of purchase and price paid		
DAMAGE	Damage to own vehicle Estimate for repairs or attach quotation. Repairer's name, address and telephone number. Where can your damaged vehicle be inspected?										
DRIVER	Full Name								La	an mines (d.)	
	Address	- The aleas at the control of the co									
	Occupation and date of birth	Tel. No.									
	date of birth	Code Full									
	Driver's Licence	No.	No. Date Issued		Place					Learner	
	State fully the purpose for which the vehicle was being used.				1867	o floroP		ties in the	Noticials at helse	af levith rely.	
	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										
	motoring offénces  Has licence ever been endorsed?  Does he/she have any physical defects?								ACCIDEN	70 B	
	Details of previous accidents										
PASSENGERS (Insured vehicle)	PASSENGERS INJURED	Name			Address			eonii -	Injury		
									7/1 L/11 L		
	For what purpose were they being transported?			*					188800	A	
					La Rese				BANK KIRATES		
Δ	Are they employees?								(8980, 86985	38, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1	
OTHER PARTY	DAMAGE TO OTHER VEHICLES	Registratio	on No. Make		ķe	Name and address of own		er and driver Details of damage		of damage	
									e e		
	e .ov my navealler nave. 19 seess	ean israeo ym rec	tá ugpan e	a cacabal Alacka	b - evods sa	nence and lo	upog blus tell le fi	ugon e se scost	og se nuclait, yne t	anena nadasa   ĝ	
	DAMAGE TO PROPERTY OTHER THAN	Name and address of owner				rloga dalogu	Details of damage				
	VEHICLES					AP 30 P I Y BVI	19 990 90 93 5	HOOK HAY END	MATERIAL SERVICES		
		Name of injured Relations e.g. driver,			to insured ssenger etc		Details of injuries		Name of hospital if applicable		
	PERSONAL INJURIES	eC	nota zsta	MICA 400 BEIANA	АЕМООЗВІ	)	EMM RATRUEV	Lake yarrov L	Especial edi	Signatura of	