CIC GENERAL INSURANCE UGANDA LTD

MOTOR ACCIDENT CLAIM FORM

CIC INSURANCE

IMPORTANT NOTICE:

1. The issuance of this claim form shall not be construed or taken as an admission of liability on the part of the Insurer.
2. All questions must be answered fully, accurately, and with comprehensive elaboration where required.
3. Neither the insured nor the driver may admit fault or liability for the accident.
4. Repairs must not be authorized without the prior authority of the Insurance Company.

1. POLICY & INSURED DETAILS

Name: _____ Telephone No.

Occupation: _____ Email Address: _____

Correspondence Address: _____ Policy No: _____

Policy Expiry Date: _____

Name of Hire Purchase / Finance Company: _____

2. VEHICLE DETAILS:

Make & Model: _____ HP / CC: _____ Year of Manufacture: _____

Registration No. of Vehicle: _____ Carrying Capacity: _____

Registration No. of Trailer: _____ Carrying Capacity: _____

Name & Address of Vehicle Owner: _____

Name & Address of Trailer Owner: _____

Owner of Goods (if any): _____

3. USE OF VEHICLE

Use of Vehicle State the Exact Purpose for Which the Vehicle Was Being Used at the Time of the Accident:

_____

_____

4. DRIVER'S DETAILS

Name: _____ Occupation: _____

Address: _____ Telephone No: _____

Date of Birth: _____

Is He Employed by You? (Yes/No): Yes ☐ No ☐

_____

How Long Has He Been in Your Service? _____

How Long Has He Been Driving Motor Vehicles? _____

Was He in Any Way to Blame for the Accident? (Yes/No): Yes ☐ No ☐

Did He Admit Liability? (Yes/No): Yes ☐ No ☐

Has He Had Any Previous Accidents? (Yes/No): Yes ☐ No ☐

If So, How Many & Approx. Date:

Please State His Previous Insurer, if Any:

Does He Hold a Full or Provisional License to Drive This Vehicle?

If Full, State Date When Driving Test Was First Passed:

License Number:

5. REPAIRER'S DETAILS (IF ANY)

Name:

Address: Contact:

6. DAMAGE TO INSURED VEHICLE

State Briefly the Apparent Damage:

Is the Vehicle Still in Use? Yes ☐ No ☐

When & Where Can It Be Inspected:

7. ACCIDENT DETAILS

Date of Accident: Time (am/pm):

Place of Accident: Type of Road Surface:

Visibility: Wet or Dry:

What Lights Were Showing on Your Vehicle?

What Warning Did Your Driver Give?

Estimated Speed Before Accident: Weather Conditions:

8. POLICE DETAILS

Did Police Take Particulars? (Yes/No): Yes ☐ No ☐

Constable's Number: Police Station:

9. PLAN OF ACCIDENT

Draw a sketch (stating approximate measurements) showing the position of vehicles and persons concerned and the direction in which they were travelling. Also show the type and position of traffic sign marks, pedestrian crossings, and any other relevant information.

10. DRIVER STATEMENT

(If the space provided is not enough, please attach a statement separately.)

Signature of Driver:

11. STATEMENT BY OWNER OR POLICY HOLDER

(If the space provided is not enough, please attach a statement separately.)

Signature of Policy Holder:

12. OTHER VEHICLES AND PROPERTY DAMAGE

Name & Address of Owner

Registartion No.

Name of Insurer

Other Property Damaged

13. PERSONS INJURED

Name & Address

Relationship to Policy Holder

Driver / Passenger / Reg. No. of Vehicle

Apparent Injuries

14. INDEPENDENT WITNESSES

(1st Witness)

Name Address

(2nd Witness)

Name Address

DECLARATION

I/We hereby declare that the whole of the statements made by me/us in this claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: Signed by policy holder:

CIC GENERAL INSURANCE UGANDA LTD

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UGANDA | KENYA | SOUTH SUDAN | MALAWI

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