

**MOTOR INSURANCE CLAIM FORM**

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
HOTLINES: (020)3552770 – 3 / SMS SHORT CODE 7420 FOR IMMEDIATE RESPONSE

**1. Important Instructions**

- a. Claim form is to be completed in capital letters and signed by the Insured and the Driver.  
b. Damaged vehicle must be parked at a safe place to avoid any subsequent loss/theft. We shall not be liable for any further damage.  
c. Please provide the attached list of documents required to speed up processing of your claim.

**2. Policy Holder Details**

Name of Insured: .....  
Address: .....  
.....  
Tel/Mobile: ..... Email:.....  
Have you insured this vehicle anywhere else? YES / NO

**3. Vehicle Details**

Registration No: ..... Make/Model: ..... Chassis No: .....

**4. Driver Details**

Who was driving at the time of the accident? .....  
If not the Insured please provide details of the driver: Name.....  
Date of First License (Present Original for Verification): ..... Date of Birth: .....  
Address: .....  
.....  
Phone Number of Driver: ..... Driving License No: .....

**5. Loss Details (Accident / Incident)**

Date of accident/incident: ..... Time: ..... Speed: .....  
Where did the accident/incident occur? .....  
.....  
Where was the vehicle heading to before accident/incident? .....  
What was the vehicle being used for at the time of accident/Incident? .....  
If being used by someone other than the insured, did the user obtain the insured's consent? YES / NO  
Were you carrying any goods? YES / NO If YES, what type of goods? .....  
Were there any fare-paying passengers in the vehicle? YES / NO If YES how many? (Please attach details)

**6. Loss Details (Accident / Incident)**

i) Who is to be blamed for the accident? .....

ii) Is some other person to be blamed? YES / NO If YES, please give name, address, mobile no. and Insurance details of the person.....

iii) When was the accident/incident reported to the police? .....

iv) Name of police officer investigating the accident/incident: .....

v) Did the police take any evidence or particulars? YES / NO

vi) Were there people at the scene of the accident/incident? YES / NO

**8. Please describe how the accident/incident occurred?**

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9. i) Were there any injuries? YES / NO (Please attach details of injured persons)
- ii) Were there any 3<sup>rd</sup> Party property/ Vehicle(s) involved? (Please attach details)

**DECLARATION**

I/We declare that the above answers are true and complete.

DRIVER'S SIGNATURE:  .....

INSURED'S SIGNATURE: .....

DATE: .....

DATE: .....

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**List of Documents required for claim settlement**  
(To be submitted to the nearby QIC Office)

**Claim for accidental damages (without prejudice)**

1. Proof of insurance – Policy / Cover note copy
2. Copy of Driver's License (DL)
3. Estimates / Cost of Repair from Garage (RC)
4. Police Report (If available)

**Claim for theft cases (without prejudice)**

1. Original Policy document
2. All sets of keys
3. Police Final Investigation Report

**Third Party Property Damage (without prejudice)**

1. Police Report to establish liability of insured;
- Payment under TPPD is only upon proof of negligence or acceptance of negligence by insured.

2. Estimates of Costs of repairs.
3. Photographs of Third Party vehicle
4. Driver's License.
5. Refer all Third Parties to QIC.

**OFFICIAL USE**

1. Duration of License? .....
2. License No: .....
3. Is the claim within the Insurance period? YES / NO
4. What was the vehicle being used for at the time of accident/incident? .....
5. Are details of injured persons attached? YES / NO
6. Are details of fare-paying passengers attached? YES / NO
7. Has the vehicle been insured by another insurer? YES / NO if YES, please attach details.
8. Name & location of Police Station: .....