



UNITED GENERAL INSURANCE COMPANY LTD

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MOTOR ACCIDENT CLAIM FORM

Agency Policy No..... Claim NO.....

1. INSURED'S DETAILS

Insured Name: Occupation:
Address : Contact No;.....

2. VEHICLE'S DETAILS

REGISTRATION NUMBER	MAKE OF VEHICLE	TYPE OF BODY (Saloon, Lorry, Bus etc)	YEAR OF MAKE	HORSE POWER /C.C

Is there any outstanding hire purchase or other agreement?.....

To whom? (Full details).....

If a motor cycle: (i) Was there a pillion passenger?.....

(ii) Was a side car attached?

3. DRIVER'S DETAILS

Name of driver at time of Occurrence.....Date of Birth.....

Address of driver:

Is driver (a) Owner? (b) Owner's employees? or (c) Owners Relative or Friend
(Tick as appropriate)

If (b) How long have you employed him/her?.....

If (b) or (c) Did you authorize the journey?.....

If (b) or (c) Does the driver own a vehicle?..... If so name of Insurer.....

Does the driver hold a full driving licence?..... Licence No.....

When and Where was the driver first licenced to drive?.....
(Please attach a copy of the driver's driving licence)

Has the driver been involved in an accident in the past three years? If so give brief details and dates:

4. USE OF THE VEHICLE

(a) Social and Domestic Purposes? (b) Business? (c) Hire & reward? or others

(Tick as appropriate)

If (c) please give full details.....

If (d) Please give full details.....

5. DAMAGE TO INSURED VEHICLE

State full extent of damage.....

Address where damaged vehicle can be seen.....

Estimated cost of repairs.....*(Attach estimates)*

6. DETAILS OF PASSENGERS

Name..... Name.....

Address..... Address.....

7. INJURIES TO PASSENGERS

Was any injury sustained by the driver or passengers in your vehicle? If so give full details.....

8. OTHER PARTY INVOLVED (IF ANY)

Name.....Reg. No.....

Address..... Name of the insurer.....

Full extent of personal injuries and or damage to property.....

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Has notice of any claim been given you.....

(Please send to UGI at once and unanswered any written communication you may have received)

9. CIRCUMSTANCES OF ACCIDENT LOSS OR DAMAGE

Date of Occurrence.....Time..... Place.....

What was your speed?..... if dark, were your lights on?.....

Weather condition..... Visibility..... Road surface i.e. (a) Sand

(b) Gravel? (c) Tar? *(Tick appropriate)*

Who in your opinion, was to blame and why?.....

Give full description of how the accident, loss or damage occurred.

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10. SKETCH

Please make a rough sketch showing widths and position of vehicles indicate with an arrow the directions in which they were moving?

11. WITNESS

(a) Passengers

(b) Independent Witness

1. Name.....

Name.....

Address:.....

Address:.....

2. Name:.....

Name.....

Address:.....

Address:.....

Please attach any statements made by the driver and or witnesses.

12. REPORTING TO POLICE *(please attach Police report if available)*

Was the accident reported to the police?

If so (i) by whom?..... (ii) Where

Did a police officer take particulars at the scene of accident?.....

I/We declare that to the best of my/our knowledge and behalf, the foregoing statements are true.

Date: Signature of Insured

Name in Block Letters:

“Assuring you of our best attention”