



Covering Risk. Improving Lives.

Alliance Africa General Insurance Limited

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MOTOR ACCIDENT CLAIM FORM

WITHOUT PREJUDICE

CLAIM NO:

IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form
2. Neither owner nor driver must admit fault or liability for this accident
3. Do not answer communications about this accident, but send them to the Insurers for Consideration
4. All questions on this form must be answered
5. Repairs must not be authorized without prior authority of the insurers.

<u>POLICY HOLDER</u>	Name Tel No. Address Business/Occupation
<u>POLICY</u>	Number Expiry date Name of hire purchase or finance company
<u>VEHICLE</u>	Make & Model Year of Manufacturers Reg. No of Vehicle Carrying capacity Reg. No of Trailer Carrying capacity Name and Address of Owner
<u>USE</u>	State the exact purpose for which the vehicle was being used at the time of the accident
<u>COMMERCIAL VEHICLES</u>	Description of goods being carried Name of owner of goods Was a trailer attached Weight of load on (a) Vehicle (b) Trailer (s)
<u>DRIVER</u>	Name Occupation Actual Date of birth Address Tel No. Is he employed by you? How long has he been in your service? Was he driving with your permission? How long has he been driving motor vehicles? Was he in any way to blame for the accident? Did he admit liability? Has he had any previous accidents? If so, how many, and approximate date Has he any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates Does he hold a full or provisional license to drive this vehicle? If full, state date when driving test first passed Number Does he own a Motor Vehicle? If so, give name and address of Insurer

<u>ACCIDENT THEFT</u>	Date.....Time.....am/pm. Place..... Type of road surface.....Visibility.....Wet/Dry..... What lights were showing on your vehicle?..... What warning did your driver give?..... Estimated speed before accident.....Weather conditions..... Did police take particulars?.....If so, give Constable's number and station..... To which station was the accident/Theft reported?..... Attach any copy notice on intended prosecution if any.											
<u>PLAN OF ACCIDENT</u>	Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were traveling. Also show type and position of traffic signs, skid marks, pedestrians crossing and any other relevant information.											
<u>STATEMENT BY DRIVER</u>	Signature of Driver.....											
<u>STATEMENT BY OWNER OR POLICY HOLDER</u>	Signature of Owner.....											
<u>DAMAGE TO INSURED VEHICLE</u>	State briefly apparent damage..... (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the insurers an estimate for repairs). Repair's name and address.....Tel No.....											
<u>OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED</u>	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Name and address of Owner</td><td style="width: 10%;">Reg./No.</td><td style="width: 20%;">Name of Insurer</td><td style="width: 30%;">Other property damaged</td></tr> <tr> <td colspan="4" style="height: 40px;"></td></tr> </table>				Name and address of Owner	Reg./No.	Name of Insurer	Other property damaged				
	Name and address of Owner	Reg./No.	Name of Insurer	Other property damaged								
Name and address of driver:												
<u>PERSONS INJURED</u>	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Name and address</td><td style="width: 25%;">Relationship to the policy holder</td><td style="width: 25%;">If Driver or Passenger Reg . No. of Vehicle</td><td style="width: 25%;">Apparent injuries</td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td></tr> </table>				Name and address	Relationship to the policy holder	If Driver or Passenger Reg . No. of Vehicle	Apparent injuries				
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<u>INDEPENDENT WITNESS</u>	Name	Address
<u>PASSENGERS IN YOUR VEHICLE</u>	Name	Address
<u>IN YOUR VEHICLE</u>		

DECLARATION

Data Collection Consent: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

I DECLARE that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date..... Signature of policy holder

PLEASE COMPLETE THIS FORM AND AVAIL THE FOLLOWING

1. Copy of the log book.
2. Copy of the valid driver's permit (for accidental damage).
3. At least two repair/replacement quotations.

Note:

1) For any claim to be registered, please ensure that your vehicle is brought to our offices for inspection and photographs of the damage taken by our claims staff.

2) Exaggeration of claim amount or deliberate submission of falsified/fraudulent documents will render your claim inadmissible for payment.

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INSURANCE**

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