



Covering Risks. Improving Lives

# Alliance Insurance Corporation Limited

## Registered and Head Office

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## MOTOR ACCIDENT CLAIM FORM

POLICY HOLDER	Name _____ Tel No _____ Address _____ E-mail ID/Occupation _____
POLICY/COVER NOTE DETAILS	Number _____ Expiry Date _____ Name of Hire Purchase or Finance Company _____
VEHICLE PARTICULARS	Make & Model _____ HP/CC _____ Year of Manufacture _____ Reg No of Vehicle _____ Carrying Capacity _____ Reg No of Trailer _____ Carrying Capacity _____
USE OF VEHICLE	State the exact purpose for which the vehicle was being used at the time of the accident _____ _____ _____
COMMERCIAL VEHICLE	Description of goods/no. of passengers being carried _____ Name of owner of goods _____ Was a trailer or attached _____ Weight of load on (a) Vehicle _____ (b) Trailer's _____
DRIVER	Name _____ Occupation _____ Actual Date of Birth _____ Address _____ Tel No: _____ Is he employed by you? _____ How long has he been in service? _____ Was he driving with your permission? _____ How long has he been driving motor vehicles? _____ Was he in anyway 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 with any motor vehicle or any charges pending? _____ If so, give details including dates _____ Does he have a full / provisional license to drive the vehicle? _____ If full, state date when driving test first passed _____ Number _____ Renewal Number _____ Driver Licence valid upto _____ Does he own a Motor Vehicle? _____ If so, give name and address of insurer _____
ACCIDENT	Date _____ Time _____ a.m / p.m Place _____ Type of road surface _____ visibility _____ Wet or Dry _____ What warning did your driver give? _____ Estimated speed before accident _____ Weather Conditions _____ Did the police take particulars? _____ If so, give Constable's number and station _____ _____ To which Station was the accident reported _____ Attach copy of Intended Prosecution if any _____

<b>PLAN OF ACCIDENT</b>	Draw sketch (stating approximate measurement) showing position of vehicle and person concerned and the direction in which they were traveling, also show type and position of traffic signs skid marks pedestrian crossing and any other relevant information.		
<b>STATEMENT BY DRIVER</b>			
<b>STATEMENT BY OWNER OR POLICY HOLDER</b>			
<b>DAMAGE TO INSURED VEHICLE</b>	State briefly apparent damage _____ (in all cases where your vehicle is damaged and you are entitled to claim under your policy, please urgently provide an estimate for repairs) Repairer's name and address _____ Is the vehicle still in use? _____ When & Where _____		
<b>OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED</b>	Name and Address of the Insured _____ _____ _____	Regn No of Vehicle _____ _____ _____	Name of Insurer _____ _____ _____
	Name and Address of the Driver _____		
<b>PERSONS INJURED</b>	Name _____ _____ _____	Address _____ _____ _____	Whether Driver or Passenger & Reg Number of Vehicle _____ _____ _____
<b>INDEPENDENT WITNESSES</b>	Name _____ _____ _____	Address _____ _____ _____	
<b>PASSENGERS IN YOUR VEHICLE</b>	Name _____ _____ _____	Address _____ _____ _____	
	I/We declare that these particulars are true and correct in every respect  Date _____ Signature of Policyholder _____		
	NB: It is important that you notify insurers immediately on becoming aware of any impending prosecution, inquest and /or legal Proceedings.		