

MOTOR CLAIM INTIMATION FORM

Claim Intimation Details :

System Claim No. : 40

Insurer Claim No. : 40

External Claim No. :

Registered Date : 05-Oct-2021

Reported Branch :

Reported By :123

Intermediary Name :

Reported Date :31-Dec-2021

Registered By :

Policy Details :

Policy No. :

Risk Note No. :1236

Policy Period : 05-Oct-2021 TO 04-Oct-2022

Cover Note No. :

Insured Name : anil

Sum Insured :

Expected Loss : 1.00

Type of Policy :

Class of Policy :

Vehicle Information :

Vehicle Number :

Sticker :

Vehicle Make : Hondas

Vehicle Model :Scorpio

Type of Vehicle : Truck

Claim Details :

Accident Date/Time : 2021-12-31 23:59:00

Region :Dodoma

Reported Date/Time :2021-12-31 23:59:00

Place of Accident :123

Cause of Accident :Accident

Type of Loss :Own Damage

Intimation Type : Email

Circumstances of Accident :1

Description of Injury (If any) :1

Third Party Insurance Cover Information :1

Remarks (if any) :1

Police Report Matter :

Driver Information :

Driver Name : 1

Age : 1

Driver Address : 1

Occupation :1

Relation to Insured : 1

Class/Type :1

License Number :1

License Expiry :01-Jan-0001

Issuing Authority : 1

Contact Person Details (On behalf of client) :

Name : 1

Mobile : 1

Address : 1

Email : 1

I the undersign hereby confirms that the above claim information provide
by me is correct and authentic.

Name

.....

Signature.....