



MOTOR CLAIM INTIMATION FORM

Claim Intimation Details:	
System Claim No. : 40	Insurer Claim No. : 40
External Claim No. :	Registered Date :
Reported Branch :	Reported By :
Intermediary Name :	Reported Date :
Registered By :	
Policy Details:	
Policy No. :	Risk Note No. :
Policy Period :	Cover Note No. :
Insured Name :	Sum Insured:
Expected Loss:	Type of Policy :
Class of Policy :	
<u>Vehicle Information:</u>	
Vehicle Number :	Sticker:
Vehicle Make :	Vehicle Model :
Type of Vehicle :	
Claim Details:	
Accident Date/Time :	Region :
Reported Date/Time:	Place of Accident :
Cause of Accident :	Type of Loss:
Intimation Type :	
Circumstances of Accident :	
Description of Injury (If any) :	
Third Party Insurance Cover Information :	
Remarks (if any) :	
Police Report Matter :	
Driver Information :	
Driver Name :	Age : 40
Driver Address :	Occupation :
Relation to Insured:	Class/Type:
License Number :	License Expiry:

Issuing Authority :	
Contact Person Details (On behalf of client):	
Name :	Mobile :
Address:	Email:
I the undersign hereby confirms that the above claim information provide by me is correct and authentic.	
Name	
Signature	