

MOTOR CLAIM INTIMATION FORM

Claim Intimation Details :

System Claim No. :	40	Insurer Claim No. :	
External Claim No. :		Registered Date :	06-Sep-2021
Reported Branch :		Reported By :	Milmar-Ceo
Intermediary Name :	Milmar Insurance Consultants Ltd	Reported Date :	06-Sep-2021
Registered By :	Milmar-Ceo		

Policy Details :

Policy No. :	0700/100/021562/2020	Risk Note No. :	31456
Policy Period :	13-Nov-2020 - to - 31-Dec-2020	Cover Note No. :	MLCLM0014725
Insured Name :	AZAD MOHAMED BABA	Sum Insured :	
Expected Loss :	10.00 TZS	Type of Policy :	Commercial Vehicles
Class of Policy :	Passenger Third Party Premium		

Vehicle Information :

Vehicle Number :	T393DQY	Sticker :	11882351
Vehicle Make :	TOYOTA	Vehicle Model :	FUNCARGO
Type of Vehicle :	SALOON		

Claim Details :

Accident Date/Time :	01-Sep-2021 1:01 AM	Region :	Dodoma
Reported Date/Time :	06-Sep-2021 1:01 AM	Place of Accident :	12
Cause of Accident :	Accident	Type of Loss :	Total Loss
Intimation Type :	Mobile App		

Circumstances of Accident :

kbb

Description of Injury (If any) :

kbbkb

Third Party Insurance Cover Information :

kbbkb

Remarks (if any) :

bkbk

Police Report Matter :

Driver Information :

Driver Name :	kb	Age :	45
Driver Address :	kvjgh	Occupation :	
Relation to Insured :	Brother	Class/Type :	Class A1
License Number :	135645465	License Expiry :	06-Sep-2021
Issuing Authority :	Others		

Contact Person Details (On behalf of client) :

Name :	AZAD MOHAMED BABA	Mobile :	+255784600290
Address :	P.O.BOX 5178 DAR ES SALAAM	Email :	a@gmail.com

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

Name

Signature