MILMAR
INSURANCE CONSULTANTS LTD

mc Insurance Brokers

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 :	

Vehicle Information :

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 :	