



**AIICO GENERAL  
INSURANCE COMPANY LTD.**

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(INCORPORATED IN NIGERIA)

**MOTOR CLAIM FORM**

To:

Date: 23rd - November - 2020  
Reference Policy No.: 101/00073/18/TQ/AJ  
Vehicle No.: GWT 707AA  
Date of Accident: 22nd - November - 2020

With reference to your intimation of an accident, we shall be glad if you will kindly complete and return this Form, together with Diagram of Accident, as early as possible, **whether a claim has been made upon you or not.**

**IT IS OF UTMOST IMPORTANCE THAT EVERY QUESTION BE ANSWERED FULLY.**

It is particularly requested that no discussion of the terms or extent of your Insurance be entered into with the party or parties claiming or anyone acting on his or their behalf, and that all communications be forwarded to the Company immediately on receipt.

If your Policy provides comprehensive cover, and if you wish to claim for damage to your own vehicle arising from the accident, please have the enclosed Estimate for repairs form completed by a vehicle repairer and return to this office as soon as possible.

The issue of these Forms is not to be considered as an admission of liability on the part of the Company.

Yours faithfully,

For the Company.

PLEASE FURNISH ALL DETAILS OBTAINED USING THIS REPORT

POLICY HOLDER	1.	<p>(a) Name: <u>MR. SOLOMON O. UGBEKPAHOR</u></p> <p>(b) Policy No: <u>101/00073/18/TQ/AJ</u></p> <p>(c) Occupation: <u>CIVIL SERVANT</u></p> <p>(d) Home Address: <u>NO 23 ADARA STREET, UROMI NEW EXTENSION</u> (Street and box no.) (City or Town)</p> <p>(e) Home Phone No: <u>07062240293</u></p> <p>(f) Business Address: <u>NNPC IKRPE KADUNA</u> (Street and box no.) (City or Town)</p> <p>(g) Business Phone No: .....</p> <p>(h) E-mail: <u>ese.kelvin24@gmail.com</u></p>
VEHICLE	2.	<p>(a) Make: <u>TOYOTA COROLLA</u> Reg. No.: <u>GW707AA</u></p> <p>(b) For what purpose was it been used? <u>PRIVATE</u></p> <p>(c) Was it been used by your instruction? <u>YES</u></p> <p>(d) Had you any other cars in use at the time of the accident? .....</p> <p>(e) If so, please give number in use and registered letters and numbers: .....</p> <p>(f) Were any goods or samples being carried? <u>NO</u></p> <p>(g) Weight of load? .....</p> <p>(h) If your vehicle is a Motor Cycle State:</p> <ul style="list-style-type: none"> <li>- If a side car was attached .....</li> <li>- If passengers were carried inside car .....</li> <li>- If pillion passenger was carried .....</li> </ul> <p>(i) If Commercial Vehicle State:</p> <ul style="list-style-type: none"> <li>- Certificate of Roadworthiness No.: .....</li> <li>- Date of Issue: ..... Date of Expiry: .....</li> <li>- Authorised number of fare paying passengers: .....</li> </ul>
DRIVER	3.	<p>(a) Name: .....</p> <p>(b) Occupation: .....</p> <p>(c) Age: .....</p> <p>(d) Address: .....</p> <p>(e) Was he under influence of drugs or alcohol? .....</p> <p>(f) If relation or friend was driving, does he own a car himself? .....</p> <p>(g) If so, state name and address of Insurance Company: .....</p> <p>(h) Was driver's license in force? .....</p> <p>(i) License No.: ..... (j) Date of Issue: .....</p> <p>(k) Has it been endorsed? .....</p> <p>(l) Date of expiry: ..... (m) Was it a learner's license? .....</p> <p>(n) Has the driver ever been prosecuted for any offence in the driving of a car? .....</p> <p>(o) If so, nature and date of the offence: .....</p> <p>(p) If paid driver, state in whose employ and how long employed: .....</p>
TIME, PLACE & DESCRIPTION OF ACCIDENT OR LOSS	4.	<p>(a) Dates of Accident: <u>22<sup>nd</sup> - 11.20.20</u> Time: <u>12:49pm</u></p> <p>(b) Weather: <u>Clear</u> <u>Rain</u> <u>Fog</u></p> <p>(c) Where did accident happen? <u>Bogije market, Ibeju, Lekki</u></p> <p>(d) Describe Roadway and its Condition: .....</p>



- (e) Direction your Vehicle was going: Parked
- (f) What side of street: .....
- (g) Speed of your vehicle: 0 km
- (h) Condition of brakes: —
- (i) If object collided with was moving, what direction was it going? .....
- (j) Address of Police Station at which accident was reported: .....
- (k) Number of persons in Policy holder's Vehicle: .....
- (l) Number of persons in other vehicle: .....

PERSONS  
INJURED

5. (a)

INDICATE BY CHECKS IF INJURED WAS:

NAME	ADDRESS	APPARENT AGE	RELATION- SHIP TO ASSURED	OCCUPANT OF OTHER VEHICLE	OCCUPANT OF ASSURED'S VEHICLE	PEDES- TRIAN
(i)						
(ii)						
(iii)						
(iv)						

- (b) Name and extent of injuries: .....
- (c) If medical aid was rendered, give name of doctor: .....
- (d) Where were the injured taken? .....

DAMAGE  
TO  
PROPERTY  
OF  
OTHERS

6.

- (a) Name of Owner: .....
- (b) Address: .....
- (c) Kind of Property: .....  
(If vehicle, give make, year and Reg. No.)
- (d) Nature and extent of damage: .....
- (e) Give rough estimate of cost of repair: .....
- (f) Has Claim been made? .....
- (g) Is Claimant Insured? .....  
(Name of Company)
- (h) His Policy No. Is: .....
- (i) Was driver of any vehicle involved under influence of drink or drug? .....

NAMES  
AND  
ADDRESS-  
ES OF WITH-  
NESS

7.

Whenever possible, obtain names and address of Witnesses, by-standers of persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved.

NAMES


ADDRESSES

i.

N.A

ii.

iii.

DAMAGE TO VEHICLE OF POLICY HOLDER	8.	(a) Parts damaged and extent: <u>Right side break light</u> <u>Bumper, Rear fender</u> (b) Name of party who caused damage:..... (c) Addresses: ..... (d) Is he insured? ..... If so, name of Company if known..... (e) Where vehicle may be seen: <u>At my house or Office</u> (f) Give rough estimate of cost of repairs:.....	
OCCUPANT OF YOUR VEHICLE	9.	NAMES	ADDRESSES
	i.		
	ii.		
	iii.		
	iv.		
DRIVER'S ACCOUNT OF ACCIDENT OR LOSS	10.	<p>Driver's Statement: <u>I parked it by road side at basije, market, Ibeju, Lekki Lagos to buy some food stuff. when I returned I noticed that my car has been bashed. where it was parked. my bumper was down, my rear fender was dented and my rear break light on the right hand side was broken. However I was not able to see the car that bashed me.</u></p> <p>Whom does driver consider responsible for accident?..... Signature of Driver: .....</p>	
DIAGRAM OF ACCIDENT	11.	<p>Show how accident occurred by using this diagram</p>  <p>Give street names, directions and location of objects concerned.</p>	
DATE OF THIS REPORT AND DECLARATION	12.	<p>I/We declare the foregoing particulars to be true and I/We hereby authorise The ALLCO General Insurance Company Limited. And /or their legal advisers to deal with all matters arising from this incident in their discretion, and if they deem it expedient, to admit liability, and/or negligence on the part of myself/ourselves and/or my/our servants or agents.</p> <p>Date: <u>23<sup>rd</sup> - 11 - 2020</u> Signature of Policyholder: <u>[Signature]</u> (If Limited Company give Status or signatory)</p> <p>PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED</p>	