

MOTOR ENTERTAINMENT SYSTEM CLAIM FORM

(All questions in this form must be answered in block letters and in the claimant's own handwriting or to his/her dictation)

AGENCY: _____ TELEPHONE: _____

E-MAIL: _____

POLICY NUMBER: _____

1. GENERAL INFORMATION

- Full name of insured: _____
- Postal Address: _____ Code: _____ Town: _____
- Telephone number: _____ Cellphone Number: _____
- E-mail Address: _____
- Business Occupation: _____

2. THE VEHICLE

- Registration Number: _____
- Make: _____
- Year of Manufacture: _____
- For what specific purpose was the vehicle being used at the time of the occurrence?

3. DRIVER

- Name: _____
- Address: _____

- Telephone: _____ Email Address: _____
- Licence Number: _____ Date of issue: _____
- Was he/she driving with your authority? _____

4. DETAILS AND CIRCUMSTANCES OF LOSS

- Date: _____ Time: _____ a.m. / p.m.
- Where did the loss occur? _____
- Who was in charge of the vehicle at the time of loss? _____
- Were all doors in the vehicle securely locked? _____
- Were all windows closed? _____