



The issue of this form is NOT an admission of liability on the part of the Company. Please answer all questions fully and return form without delay to
ALLIANZ NIGERIA INSURANCE PLC

I/We

(the insured/beneficiary), of

. (Address) hereby declare that all information provided by me/us pertaining to the claim below has been wholly and honestly supplied to **ALLIANZ NIGERIA INSURANCE PLC** are complete, true, authentic and verifiable.

1. Details of insured

a. **Name**

b. **Vehicle Reg No**

c. **E-Mail:**

d. **Telephone Number**

e. **BVN**

2. Driver's Details (Complete if not same as policy holder)

a. **Driver's Full Name**

b. **Address**

c. **Phone Number**

d. **Driver's Relationship to Insured**

e. **Does he/she hold a license?**

please select

If yes, provide a copy

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f. **Was there any admission of responsibility for the accident**

please select

If yes, give details

3. Details of Accident/Theft

- a.

Accidental Damage toOwn Vehicle

☐
- b.

Third PartyProperty Damage

☐
- c.

Theft/Vandalization

☐
- d.

Fire Damage

☐
- e.

Third Party Injury/Death

☐

f.

Date of Loss

g.

Vehicle Reg. No

h.

Location of Theft/Accident

i.

Time of Theft/Accident

j.

Narration of Accident

4. Third Party Details (Please complete the following if other vehicles were involved or other property damaged)

- a.

Name ofthe third party vehicle owner/driver
- b.

Vehicle make/model
- c.

Vehicle RegNo
- d.

Describe the damage to the third party vehicle/property
- e.

Phone No
- f.

Email
- g.

Insurance details (Provide evidence/certificate)
- h.

Home/ office address

5. Witnesses, including all your passengers (Use additional sheets where necessary)

Witness 1

- a.

Name
- b.

Mobile No
- c.

Address
- d.

Where was the witness when the accident occurred

Witness 2

- a. Name
- b. Mobile No
- c. Address
- d. Where was the witness when the accident occurred

I/We authorize the Company and/or their Legal representatives to deal with all matters arising from this claim at their discretion and if they deem it expedient, to admit liability and/or negligence on the part ofmyself / our servant or agents.

Signature

Date



Kindly provide the following document to fast track claim settlement

1.

Repair Estimate
2.

Photograph of Damage
3.

Police Report
1.

ACCOUNT NAME
2.

BANK NAME
3.

ACCOUNT NUMBER