

CLAIM FORM

MOTOR INSURANCE

(In case space is not sufficient in any column, please give details on a separate sheet)

The issue of this form does not imply admission of liability on the part of the Company.
Kindly answer all questions completely in order to help us to serve you better

Personal Details of Proposer (Owner) to be filled in BLOCK LETTERS

Policy No. Policy Period

Full Name

Address for communication

Flat/ Building name / no

Road/Street/Plot No.

Area/District/City

Post Box No. Region

Phone Mobile

Email

(Bank details required for electronic clearing cheque)

Name of the Bank & Branch

Account no. Swift Code

Vehicle Details (to be filled in BLOCK LETTERS)

Registration No. Engine No.

Chassis No. Model

Make Date of Registration / /

Finances incase if any

Details of accident (to be filled in BLOCK LETTERS)

Date / / Place

Name of Police Station..... Police Report No. & date.....

Name of Garage

Estimate of Loss Garage Tel. No.

No of Persons Travelling at the time of accident

Please narrate the accident (do not state "police report attached" or "as per Police report")
(please attach a separate sheet if needed)

.....

.....



Assurance

Covers You Right Through

For what purpose was the vehicle being used at the time of accident?

.....

Driver at the time of Accident

Name

Date of Birth License No.

Licensing authority Valid up to

Type of vehicle authorized to drive

Is the driver ☐ Owner ☐ Paid driver ☐ Any other person ☐ If any other person please specify

Details required only for commercial vehicle

Registered load carrying capacity load carried at time of accident

GVL No. & date G.V.L issued by

Authorized Passenger Capacity No of passengers carried at the time of accident.....

Permit No. Permit Issuing Authority

Permit valid up to permit valid for (Area)

Permit Issuance Date Fitness granting Authority.....

Date of last fitness Exam Fitness valid up to

Vehicle repair satisfaction voucher

Claim No.

I/We hereby acknowledge having received from
garage my/our Motor vehicle bearing registration number
..... which has repaired to my/our satisfaction and I/we admit that the
payment of PGK on account of such repair by Liberty Assurance
Limited to the above garage in full discharge of my/our claim upon the said company and
Policy No. in respect of the damage caused to the above-mentioned
vehicle which occurred on

Place.

Date

Signature

Name



Assurance

Covers You Right Through

If there is a third party damage or injury

Type of T.P Loss	Injury/Death/Property Damage	Status of Victim	Passengers/ Driver / Cleaner / Third person

Information required for theft, burglary claims

Place of theft Time Noticed..... Date of theft/...../.....
Police station Police Report No.
Details of any other insurance covering this vehicle
.....

Details of any other insurance covering this vehicle

Name of the Insurance Company
Policy No. Period of Insurance

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all rights under the policy will be forfeited

Place.

Date/...../.....

.....
Signature of the Insured