



**KBL Insurance**

**CLAIM FORM**

*(Company does not admit liability by the issuance of this form)*

**MOTOR  
INSURANCE**

1. Policy Number: -----

2. Name of Insured: -----

3. Address of the Insured: -----

4. E- mail address: -----

5. Mobile number: -----

6. State the type (make) of vehicle: -----

7. Vehicle registration number: -----

8. Year of purchase: -----

9. Year of manufacture: -----

10. Chassis number: -----

11. Engine number: -----

12. Who was driving at the time of the accident? -----

13. His/ Her address/Phone no -----

14. Driver's Licence number: -----

15. Date issued: ----- Expiry -----

16. Date of accident/loss: -----

17. Time of accident/loss: -----

18. Place of accident/loss: -----

19. Were you in the vehicle? Yes  No

20. Please describe how the loss occurred: -----

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21. Describe extent of direct damage resulting from the accident: -----  
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22. Estimated cost of repair: **N**-----

23. Where can we inspect the vehicle? -----

24. Please give details of any injured person on the following table:

S/N	Name	Address/Phone no.	Nature of injury	Passenger or not	Moved to hospital? Give hospital details

25. Please give details of any affected property and/or livestock: -----  
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26. Was the loss caused by Third Party? Yes  No

27. Please give details of the Third Party's Name.....  
Address....., Phone Number.....

28. Please give details of any report to Police including time of report, police station and action so far taken by the police: -----  
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29. Please give details of any other insurance cover on the vehicle: -----  
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**Declaration**

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge. I further declare that the property for which this claim is made belongs to me, and no other person has interest in it, whether as owner, mortgagee or trustee.

Signature ----- Date -----

**Witness**

Name ----- Address -----  
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Signature ----- Date -----