

**MOTOR INSURANCE  
CLAIM FORM**



Agency/Broker: \_\_\_\_\_

**CUSTOMER INFORMATION**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

PIN No: \_\_\_\_\_ ID/Passport No: \_\_\_\_\_

Occupation: \_\_\_\_\_

**VEHICLE DETAILS**

Registration: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Financier's Name (if applicable): \_\_\_\_\_

**DRIVER DETAILS**

Who was driving at the time of the accident?: Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address, Telephone Number, Mobile Number (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: **DD / MM / YYYY** ID/Passport No: \_\_\_\_\_

Relationship to insured: \_\_\_\_\_ PIN No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Gender: Male  Female

How long have you been driving? \_\_\_\_\_

Had you consumed any intoxicating liquor or taken any medication or other drugs within 6 hours prior to the accident? YES  NO  If yes to any of the above, please give details:  
\_\_\_\_\_  
\_\_\_\_\_

If you are not insured, do you have a vehicle of your own? YES  NO  If yes, who is the insurer?  
\_\_\_\_\_

Have you ever been convicted in the last 5 years of any offence in connection with any motor vehicle, or is any prosecution or Police enquiry pending? YES  NO  If yes to any of the above, please give details:  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT DETAILS**

What was the Date of the Accident?: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Where did the Accident occur? Town: \_\_\_\_\_ Road: \_\_\_\_\_

What was your Speed at the time of the Accident in Mph/Kmh?: \_\_\_\_\_ Were your headlights on?:  Y  N

What was the Weather Condition at the time of the Accident?: \_\_\_\_\_  N

What warning was given immediatley prior to the Accident?: \_\_\_\_\_

Where is the Vehicle now?: \_\_\_\_\_

Name of the Repairer/Garage (see list from CIC panel of garage): \_\_\_\_\_

Contacts: \_\_\_\_\_

Details of Towing Agency: \_\_\_\_\_

Did the Police witness or attend the Scene of the Accident?  Y  N If yes, please write the name of the

Police Officer: \_\_\_\_\_ Force Number: \_\_\_\_\_

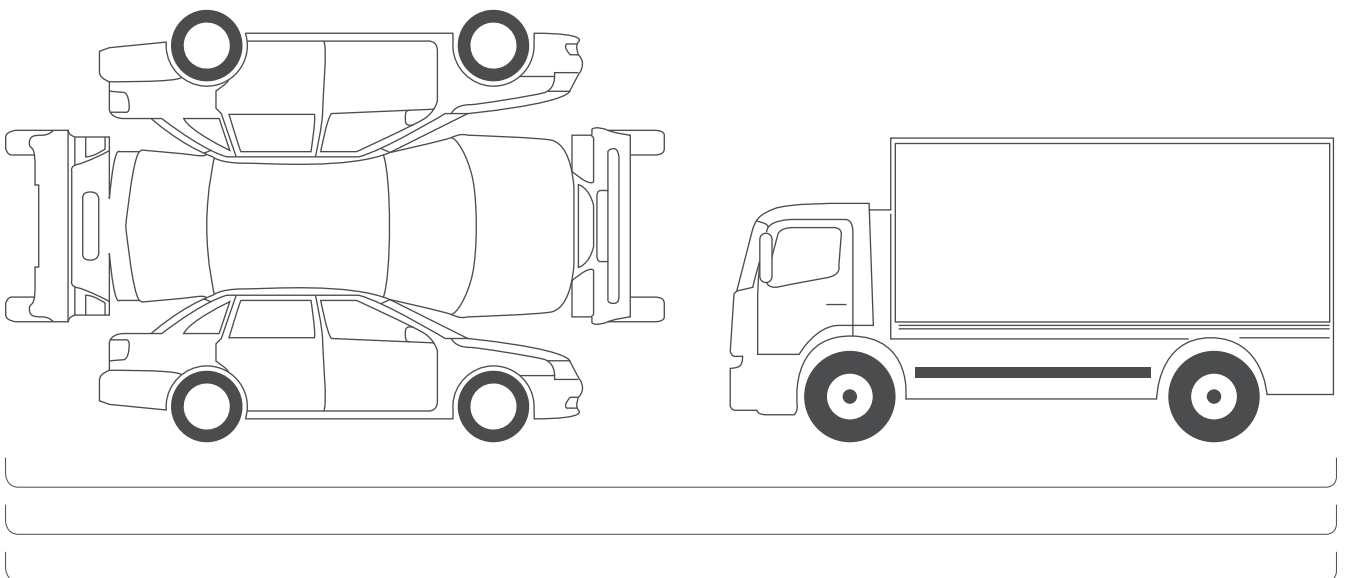
Name of Police Station: \_\_\_\_\_ O.B. Number: \_\_\_\_\_

How many Occupants were in your Vehicle?: \_\_\_\_\_

Was the Driver or any Passenger(s) in your Vehicle injured as a result of this Accident?  Y  N If yes to any of the above, please give details:

Name	Nature and Extent of Injuries	Relationship to the Insured

**Please illustrate damage to your vehicle by indicating an X on the diagram below:**



Give a brief statement describing the extent of damage:

Sketch plan of Scene of Accident:

**DRIVER'S STATEMENT:**

**PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT DETAILING CIRCUMSTANCES SURROUNDING REGARDING THE ACCIDENT ON A SEPARATE SHEET OF PAPER**

Did you admit liability?:  Y  N Signature:

**INSURED'S STATEMENT:**

**PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT REGARDING THE ACCIDENT ON A SEPARATE SHEET OF PAPER**

Have you ever made any claim or been in an accident in connection with a vehicle in the last 5 years?:  Y  N

If yes, please provide full details:

Was the vehicle being driven without your authority or permission?  Y  N

If yes, please provide full details:

**PERSONAL INJURY TO THIRD PARTIES (if applicable)**

Was anyone else injured as a result of this accident? (Pedestrian or Passenger in the other vehicle):  Y  N

If yes, please avail the following details: Name, address, hospital attended, nature and extent of injuries:

**THIRD PARTY PROPERTY DAMAGE DETAILS (if applicable)**

Was there any third party property damage?  Y  N Motor Vehicle  Y  N Other properties  Y  N  
If yes, please avail the details (as applicable):

Name of Owner: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Make: \_\_\_\_\_

Extent of the damage: \_\_\_\_\_

Third party's insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Did the other driver admit liability for the accident?  Y  N \_\_\_\_\_

**WITNESSES**

Please provide names and contact details of all witnesses to this accident

Name: \_\_\_\_\_ Contacts: \_\_\_\_\_

Name: \_\_\_\_\_ Contacts: \_\_\_\_\_

**USE OF THE MOTOR VEHICLE**

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

Give a description of goods being carried (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Name of owner of goods carried: \_\_\_\_\_

**DECLARATION**

I/We hereby declare that the whole of the statements made by me/us in this claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: DD / MM / YYYY :

Insured's Signature \_\_\_\_\_

Rubber Stamp / Seal

**FOR OFFICIAL USE ONLY**

The following supporting documents are required:

- Original Police Abstract
- Copy of Driver's Licence
- Evidence of Excess Payable (where applicable)

**CO-OPERATIVES GENERAL INSURANCE LTD**

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