



NATIONAL INSURANCE CORPORATION OF TANZANIA LTD.

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MOTOR CLAIM FORM

Received on By Hand/Post

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please do not admit your fault nor make any payment or offer of payment without the written authority of the Corporation. Answer All questions in FULL. It will avoid unnecessary correspondence and consequent in the settlement of Claim.

INSURED	Name of insured (in full) Address: Phone No Occupation: Agency
POLICY	Number/Cover Note No: Period of Insurance: from To Previous Policy No:
VEHICLE	Make of vehicle Type Carrying capacity Horse Power of C.C: Registration No. of the vehicle Registration No. of the trailer Insured value Price paid by the insured(whether new or second-hand) Year of Manufacture Name of hire purchase or finance company (if any) Date of purchase(New/Second-hand mileage)..... Give particulars of other insurance on the vehicle, if any Any previous claim on the vehicle?..... If so how many? State the exact purpose for which the vehicle was being used at the time of accident
USED
COMMERCIAL VEHICLE	Description of goods being carried Name of owner of goods Was a trailer attached? Weight of load on (a) Vehicle (b) Trailer(s)
DRIVER	Name Occupation Date of birth Address Telephone No: Is he employed by you? How long has he been in your service? Was he driving with your permission?..... How long has he been driving Motor Vehicles Was he in any way to blame for the accident?..... Did he admit liability?..... Has he had any previous accidents? If, so how many, and approximate dates Has he any conviction for any offence in connection with any Motor Vehicle or any charges pending? If so, give details including dates Does he hold a full or provisional licence to drive this vehicle? If full state licence No Class Issued at Date of issue Valid from to Renewal No Valid from to Has it ever been endorsed or suspended? If so, give details with dates Was he sober at the time of accident ? Does she own a Motor Vehicle?..... If so, give name and address of insurer Driver's Policy No
ACCIDENT	Date Time a.m./p.m. Place Type of Road surface Visibility Wet or Dry? What lights were showing on your vehicle? What warning did your driver give? Estimated speed before accident Did Police take particulars? If so, give Police Officer's Number To which Police Station was the accident reported? Attach copy Notice of Intended prosecution if any

PLAN OF ACCIDENT

Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossing and any other relevant information.

STATEMENT BY DRIVER

.....

 Signature.....

STATEMENT BY OWNER OR INSURED

.....

DAMAGE TO INSURED VEHICLE

State briefly apparent damage
 (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Corporation on estimate for repairs).
 Repairer's name and address Tel. No.....
 Is the vehicle still in use?
 When and where can it be inspected?

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and Address of Driver	Reg. No.	Name of Insurer	Other Property Damaged
.....
.....
.....

PERSONS INJURED

Name and Address of Driver	Relationship to The insured	If Driver or Passenger Reg. No. of Vehicle	Apparent Injuries
.....
.....
.....

INDEPENDENT WITNESSES

Name	Address
.....
.....
.....

PASSENGERS IN YOUR VEHICLE

Name	Address
.....
.....
.....

I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date 19

Signature of Insured
 (In case of a firm, please put rubber stamp)