



# SACOS INSURANCE COMPANY LTD

P.O Box 636, Republic of Seychelles

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## MOTOR VEHICLE CLAIM FORM

### 1. INSURED

- (a) Full Name: .....
- (b) Address (Home): .....
- (c) Address (Business): .....
- (d) Contract Telephone No. : .....
- (e) Policy No.:.....
- (f) Insurance Certificate No.: .....
- (g) Road License No. and Date of Expiry:.....  
*(Please attach copy)*

### CHECK LIST

*(For official use)*

### 2. VEHICLE

- (a) Make: ..... Model: .....
- Cubic Capacity: ..... Colour: .....
- Reg. No.: ..... Year of Manufacture: .....
- (b) If you are not the registered owner of the Vehicle, please give  
name of owner: .....
- (c) For what purpose was it being used: .....
- (d) Was it being used under your instructions? .....

**3. DRIVER**

**CHECK LIST**  
(For official use)

- (a) Name and address of person driving insured vehicle:  
.....
- (b) State age: .....
- (c) State driving experience of driver: .....
- (d) Does the driver own a car: .....
- (e) If so, state Policy No: .....
- (f) Is Driver’s license in force? .....
- (g) Has it been endorsed? .....
- (h) Give driver’s license No. and date of expiry: .....  
(Please attach copy)

**4. PARTICULARS OF LOSS/DAMAGE/ACCIDENT**

- (a) Occurred on ..... (b) At about .....
- (c) Place .....
- (d) Speed of your vehicle ..... (e) Was audible warning given? .....
- (e) Was your vehicle always on the left hand side of the road? Yes/No? .....
- (f) Approximate width of road at place of accident .....
- (g) Did the Police take particulars? .....
- (h) If the Police did not take particulars at the time of the incident, did you report the accident?  
.....
- (i) If so, at what Police Station? .....
- (j) State degree of visibility .....
- (k) Whom do you consider responsible .....
- (l) Name and address of owner of vehicle (if any) causing such damage .....  
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**5. DAMAGE TO OWN VEHICLE**

(a) Give brief details of damage to your vehicle .....

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(b) Where can the Vehicle be examined? (Please state Garage telephone no. if possible)

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**6. PERSONAL INJURY TO OTHER PERSONS**

(a) Name and address of persons injured and full particulars of injuries sustained

- (i) .....
- (ii) .....
- (iii).....
- (iv).....

(b) Name and address of hospital or clinic at which injured persons have been treated

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(c) Has a claim been made upon you? If so, give full particulars and amount and forward any communications received, unanswered

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**(PLEASE DO NOT ACCEPT LIABILITY OR ATTEMPT TO NEOTIATE WITH ANYONE)**

**7. DAMAGE TO PROPERTY OF OTHER PERSONS**

(a) Name and Address of owner of property damaged

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(b) Brief particulars of damage done .....

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(c) Does the damage concern mobile or immobile property?

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**8. WITNESSES**

(a) Names and Addresses of all persons in your Vehicle other than the person driving

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(b) Names and Addresses of all independent witnesses

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I/We hereby declare that the statements contained herein are true to the best of my/our knowledge and belief, and that the Vehicle is not insured with any other Insurer.

Date: .....

Signature of insured: .....

(m) Please provide a brief statement of how the accident occurred.

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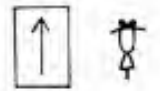
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Please show the position on the Road of Vehicles, or Vehicle, at the point of impact, and indicate their direction and track immediately before the Accident.



If any Vehicle, Persons (P) or Obstacle (X) were present influencing the Track of the Vehicles concerned, these should also be indicated.

