

CLAIM FORM

MOTOR VEHICLE LOSS OR DAMAGE

INSURED

Name of Insured	
Postal Address	
Registered Address	
Policy Number	
Contact Person's Name	
Contact Phone Number	
Contact E-Mail Address	

DRIVER

Name		Age	
Driving Licence Number		Date issued	
Where issued			

VEHICLE DETAILS

Make		Model	
Year		Registration Number	
VIN Number		Engine Number	
Kilometres completed		Security fitness (Immobilizer/tracking/devices)	
Details of outstanding Finance			



SPECIALIZED INSURANCE COMPANY LIMITED | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele

INCIDENT

Incident Type		Was the driver tested for alcohol or drugs abuse (where applicable)	Yes		No	
Date of Incident		Date & Time Discovered				
Date & Time Reported		Place of Loss/Incident				
Is this incident covered under any other policy of insurance (where applicable)					Yes	No
What purpose was the Vehicle used for? (Please select)			PRIVATE		BUSINESS	
Speed at Impact		Weather / Visibility				

POLICE

Place where reported			
Date of Reporting		Case Number (if reported)	

FULL DETAILS OF DRIVER

Full name						
Does the driver have any disabilities including eyesight deficiency?	Yes		No		Description of disability	
ID / Passport Number		Occupation				
Was the driver using the vehicle with insured's Permission? (Please Select)					Yes	No

WITNESSES

Witness 1	Witness 2
Full name	Full name
Contact Number	Contact Number
Address	Address
Witness 1 Signature	Witness 2 Signature

ACCIDENT DESCRIPTION

Full description on how the accident happened

SKETCH OF EVENTS RESULTING IN LOSS OR DAMAGE

REPAIRER'S INFORMATION & ASSESSMENT DETAILS

Preferred Repairer's Name		Estimated Damage		(Please attach quote/s)
Contact Number and/or E-mail Address of the Repairer				
Contact Details & Place where damaged vehicle can be assessed				
Full details of damage to the Vehicle				

TOWING SERVICES INFORMATION

Name of the Towing Facility	
Estimated Cost	
Contact Number and/or E-mail Address of the Towing Company	
Time & Place where the vehicle was towed	

THIRD PARTY DETAILS

Full Name	
Contact Person	
Contact Phone Number	
Contact E-Mail Address	
Insurer Details	
Policy number	

THIRD PARTY VEHICLE DETAILS

Make		Model	
Year		Registration Number	
VIN Number		Engine Number	
Details of damage to Third Party Vehicle			

DESCRIPTION OF PERSONAL INJURIES TO OCCUPANTS OF THIRD PARTY VEHICLE

Full Name	
Contact Person	
Contact Phone Number	
Contact E-Mail Address	
Full Description of Injuries	

DECLARATION

I/ We declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Specialized Insurance Company may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Specialized may use this information, my personal information on record and additional obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.

Name		Capacity		Date	
Insured Signature					



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