

**THE DEMERARA FIRE & GENERAL INSURANCE COMPANY LIMITED**

61-62 Avenue of the Republic & Robb Streets, Georgetown

Tel No. 225-8991-3 ext 234 or 254

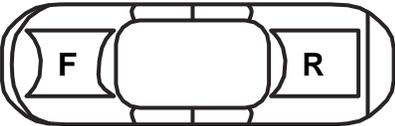
MOTOR INSURANCE – CLAIM AND REPORT FORM

DATE:

CLAIM NO:

1. Policyholder's details					
Name:			Tel #		
Address			Tel #		
Occupation:		ID no.	DOB / /		
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2. THE POLICY					
Policy No:		Renewal Date: / /		Excess Applicable \$	
Coverage:				Insure value \$	
Is premium paid?			Road Side Assistance?		
3. THE INSURED VEHICLE					
Reg. No		Year	CC/HP	Engine No.	
Make & Model			Color	Chassis No	
Is Vehicle	Left Hand Drive:	Van	Motor Cycle	Truck	Other
Exactly what was the vehicle being used for?					
Name of Owner of Vehicle					
Was the vehicle being used with the owner's consent?					
Specify any mortgage /hire purchase agreement on your vehicle:					
How Many Passengers were being carried?			Were they fare paying?		
If goods were being carried, state a) Owner b) Description					
4. THE DRIVER					
Name			Male or Female		
Home Address			Tel #		
DOB			ID NO		
Occupation					
What is the relationship of the driver to the Policyholder:					
Driver 's Licence No. (Please attach photocopy)			Original date of issue		
Type of Licence			Date of renewal		
Type Of vehicle covered to drive			Date of Expiry		
Any motoring convictions/offences or licence endorsements/suspensions? (Give details)					
Has the driver had any previous accidents? (Give Details)					
Has the driver been refused any type of Insurance?			Had the driver been drinking any alcohol / taking drugs?		
Does the driver own a vehicle?			Where is it Insure?		
Does the driver have any physical infirmity, or defective vision or hearing, or lost of limb or any eye?					
If "YES" give details					
5. THE ACCIDENT OR LOSS					
Date		Time	Place		
Did the police go to the scene?			Were measurements take		
Date when reported to Insured:			Police Station to which reported		
Was either party warned for prosecution (If so whom)?					
Was road surface paved or unpaved?					
Condition of road:			Weather Condition:		
What was your speed a) before the accident			b) at the time of the accident		
Were your lights turned on?			Did you give any warning or signal?		
Whom do you consider to be responsible for the accident?					

6. DAMAGES TO INSURED VEHICLE

State damages to Vehicle: (and indicate on the drawing)	Point of impact: Mark XXX. Direction Of Impact – Use arrows 
Where can the vehicle be inspected?	

Have you obtained an estimate for repairs? _____ (if yes probable cost of repairs) \$ _____

7. PERSONS CONNECTED WITH THE ACCIDENT (AND PERSONAL INJURY)

Please provide the following information for all passengers in your vehicle:

Name / Address / Tel No. / Age / nature of Injuries / Where treated:

Please provide the following information for other persons injured or other witnesses to the accident:

Name / Address / Tel No. / Age / nature of Injuries / Where treated: (Whether person (s) was Driver or Passenger or other (Pedestrian etc).

8. OTHER VEHICLE OR PROPERTY CONNECTED WITH THE ACCIDENT

Description of the Vehicle or other property damaged:

Nature & extent of damage:

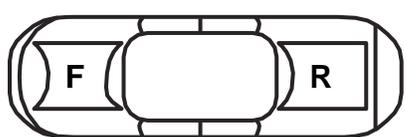
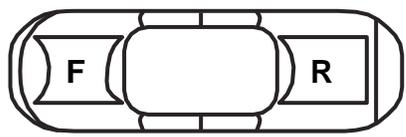
Name, Address & Tel No. of owner of damaged vehicle or property:

Driver's name & address:

Name of insurer:

Has a claim been made? _____ Please state amount \$ _____

Point of impact: mark XXX Direction of Impact – Use Arrow



Kindly indicate by ticking the appropriate box, whether this report is only a notification or additionally, if you propose claiming under the policy

Notification Claim

ALL COMMUNICATIONS ABOUT THE ACCIDENT MUST BE IMMEDIATELY FORWARDED TO THE COMPANY.

I/We hereby declare that to the best of my/our knowledge and belief, the forgoing statements are fully and truly made.

Date

Insured's Signature

Date

Insured's Signature