



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

Dear Policyholder,

We sincerely regret the fact that your vehicle has been involved in an accident which may give rise to a claim.

In order to expedite our processing of this matter, we request that you complete and return the attached form and provide us with the following:-

- Driver's licence
- Registration
- 2 forms of identification
- Detailed sketch of accident
- Quotation of parts to be replaced
- Estimate of cost for repairs

It is very important that each question be answered fully.

The issuing of this form by us is not to be construed as an admission of Liability.

ASSURED:.....
.....
ADDRESS:.....
.....
.....

FOR OFFICIAL USE ONLY
DATE ISSUED
ISSUED BY
DATE RECEIVED
TIME RECEIVED
RECEIVED BY