

Motor Vehicle Loss Report Form

Claim Code :.....Date :...../...../.....

The Insured's Details

Name :.....Sex:.....Position :.....

Home Tel :.....Work Tel :.....Mobile :.....

Permanent Address :.....

The Insured Vehicle's Details

Made in Year :..... Vehicle Trademark:..... Plaque No :.....

Occupation :.....Color :.....Chassis No :.....Engine No :.....

MV No :.....

Period of Insurance : Inception Date...../...../.....Expiry Date :...../...../.....

The Authorized Driver's Details (upon occurrence of loss)

Driver Name :.....Sex :.....Nationality :.....

Date of Birth:...../...../.....Current Address :.....

Driving License No :..... Brand :..... Expiry Date...../...../.....

Was the use of the vehicle entitled by the Insured? Yes No

If yes, for what purpose of using it? (Business or Private, and so on).....

How is the Driver's relationship to the Insured?.....

How has the vehicle user driven in this year?.....

Before this event, was the driver under the influence of any alcohol or intoxicating drugs during the 12 hours? Yes No

Was the driver tested for alcohol or drugs by police? Yes No Result Obtained:.....

Loss Details

Date of Loss :...../...../.....Time :.....(Morning ; Evening ; Night)

Place of Loss :.....

Please, Describe the event of loss :.....

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For what was the vehicle being used at that time?.....

Where did the vehicle depart?.....

How many kilometers between the departure point and destination?.....

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Where was the vehicle stolen or robbed?.....

Was the vehicle locked? Yes No If was, what was the vehicle locked?.....

Were there any duplicates locked? Yes No If was, what was the vehicle locked?.....

Where did you keep the key (s)?.....

Who possessed the key (s)?.....

Who has ever used the vehicle? Yes No If has, Who?

1. Name :.....Position :.....Tel :.....

2. Name :.....Position :.....Tel :.....

3. Name :.....Position :.....Tel :.....

Was the vehicle equipped with the alarm? Yes No

If was, was the alarm on? Yes No

It wasn't, why?.....

Was the vehicle being looked for? Yes No By whom?.....

Where was found?.....

Did you report this event to the local authority or police near the scene of accident? Yes No

If did, when?.....

What time?..... Date...../...../.....