

SERENE INSURANCE COMPANY LIMITED

Head office: First Sky Tower, Com 25 Junction, After Kpone Barrier
 P.O. Box PMB CO 90, Tema, Ghana Telephone No.
 0302-917444/6/7

MOTOR ACCIDENT CLAIM FORM

NOTE:

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM. ANY COMMUNICATION RECEIVED ABOUT ACCIDENT MUST BE SENT TO THE COMPANY AT ONCE.

PLEASE DO NOT ADMIT LIABILITY FOR THE ACCIDENT UNTIL YOU HAVE CONSULTED THE COMPANY. REPORT ANY POLICE ACTION AGAINST YOU OR YOUR DRIVER TO THE COMPANY IMMEDIATELY.

1. NAME _____ POLICY NO _____
2. ADDRESS _____
3. BUSINESS OR OCCUPATION _____
4. TELEPHONE NO _____
5. MOTOR VEHICLE
 - a. MAKE _____
 - b. CUBIC CAPACITY OF ENGINE _____
 - c. REGISTRATION NO _____
 - d. FOR WHAT PURPOSE WAS THE VEHICLE BEING USED AT THE TIME OF THE ACCIDENT? _____
 - e. IF BEING USED BY SOMEONE OTHER THAN THE INSURED, HAD THE USER OBTAINED THE INSURED'S CONSENT? _____
 - f. WERE GOODS OR SAMPLES BEING CARRIED? _____
6. GIVE FULL DETAILS OF THE PERSON DRIVING OR IF NOT DRIVING HAD CHARGE OF YOUR MOTOR VEHICLE AT THE TIME OF THE ACCIDENT.
 - a. NAME _____
 - b. ADDRESS _____
 - c. DRIVING LICENSE NUMBER _____
 - d. DATE OF FIRST ISSUE _____
 - e. DATE PASSED DRIVING TEST _____
 - f. IS HE YOUR PERMANENT DRIVER? _____
 - g. HOW LONG HAS HE BEEN IN YOUR SERVICE? _____
 - h. HAS HE EVER BEEN REFUSED ANY MOTOR VEHICLE INSURANCE? _____
 - i. CONVICTED OF ANY MOTORING OFFENCE? _____

IF SO PLEASE GIVE DETAILS _____

j. IF A RELATIVE OR FRIEND OF YOURS WAS DRIVING, DOES HE OWN A VEHICLE? _____ k. IF SO

PLEASE GIVE DETAILS OF THE INSURANCE _____

7. PLEASE GIVE THE FELLOWING DETAILS ABOUT THE ACCIDENT

a) WHEN DID IT HAPPEN? TIME _____ DATE _____

b) WHERE DID IT HAPPEN? _____

c) IF IT HAPPENED AFTER LIGHTENING UP TIME, WHICH LAMPS ON YOUR VEHICLE WERE LIT?

8. PLEASE GIVE DESCRIPTION OF HOW THE ACCIDENT HAPPENED:

9. (a)WHAT IS THE DAMAGE TO YOUR VEHICLE

(b)WHERE CAN THE VEHICLE BE SEEN? _____

(c)NAME AND ADDRESS OF NEAREST REPAIRERS _____

IF YOU HAVE OBTAINED AN ESTIMATE TO THE COST OF REPAIRS PLEASE ATTACH IT.

10. WERE YOU OR THE DRIVER OF YOUR VEHICLE THE CAUSE OF THE ACCIDENT? _____

WHERE THIRD PARTIES INVOLVED IN ACCIDENT?

11. NAME AND ADDRESSES OF PERSONS INJURED AND THE EXTEND OF THEIR INJURIES:

a) INJURED PERSONS IN YOUR VEHICLE _____

b) INJURED PERSON IN THE OTHER VEHICLES:

1. _____ 2. _____

3. _____ 4. _____

INJURED PEDESTRIANS _____

12.STATE DETAILS OF OTHER VEHICLE INVOLVED:

a) REGISTRATION NO _____ MAKE _____
MODEL _____

b) STATE NAME AND ADDRESS OF THE DRIVER OF THIS
VEHICLE: _____

c) STATE NAME AND ADDRESS OF THE DRIVER OF THE
VEHICLE _____

d) STATE NAME AND ADDRESS OF THE INSURER OF THIS VEHICLE AND POLICY
NUMBER _____

e) DETAILS OF DAMAGE TO THIS VEHICLE _____

f) HAS ANY CLAIMS BEEN MADE UPON YOU?YES/NO.IF SO,STATE PARTICULARS BELOW
AND NOTE THAT ANY LETTER OF COMMUNICATION RECEIVED BY YOU MUST BE
FORWARDED IMMEDIATELY UNANSWERED,TO THIS COMPANY _____

13. (a) DID THE POLICE? _____

i. WITNESS THE ACCIDENT: YES/NO ii. TAKE ANY
EVIDENCE OR PARTICULARS? YES/NO

(b) DID YOU OR YOUR DRIVER GIVE A SIGNED STATEMENT TO THE POLICE?

14. WITNESSES:

i. PASSENGERS IN YOUR VEHICLE

(1) _____

(2) _____

(3) _____

ii. INDEPENDENT WITNESSES:

(1) _____

(2) _____

(3) _____

15. PLEASE PROVIDE NAME OF POLICE OFFICER WHO IS INVESTIGATING THE ACCIDENT _____

(b)POLICE STATION _____

16. DO YOU HOLD MORE THAN ONE POLICY INDEMNIFYING YOU IN RESPECT OF THE ACCIDENT; YES/NO

I/WE declare that the above statement is true in all respect to the best of my/our knowledge and belief and I/WE hereby leave in the hands of the company in accordance with the conditions of the policy the conduct of all claims and litigation arising out of this accident and to which the policy applies, to deal with ,to prosecute and /or settle as they think fit without further references to me /us and I/WE undertake to give all such information and assistance as the Company may require.

DRIVER'S SIGNATURE _____

INSURED'S SIGNATURE: _____

DATE _____

If you have any reason to contact our Regulator, you may reach them at the address below:

**Insurance Place
Independence Avenue
P. O. Box CT 3456
Cantonments, Accra
Ghana**

**Tel: +233 302 238300 / 238301
Fax: +233 302 237248 / 246369
E-mail: info@nicgh.org
Websites: www.nicgh.org**