



### Hollard Insurance Company of Namibia Ltd

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## MOTOR ACCIDENT CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name	<input type="text"/>	Policy Number	<input type="text"/>
Occupation	<input type="text"/>	Contact Number	<input type="text"/>
Insured Address	<input type="text"/>		
Agent Name & No	<input type="text"/>	Agent Reference	<input type="text"/>

### PARTICULARS OF VEHICLE

Attach a copy of the Registration Certificate of the Vehicle

Make & Model	<input type="text"/>	Year	<input type="text"/>	Registration No	<input type="text"/>
Odometer Reading	<input type="text"/>	Sum Insured	<input type="text"/>	Date of Purchase	<input type="text"/>
Hire Purchase / Credit or Leasing Agreement Detail (if applicable). State Name and address of Financier.					
<input type="text"/>					

### DAMAGE TO VEHICLE

Damage to own vehicle	<input type="text"/>	Estimated repairs (or attach quotation)	<input type="text"/>
Repairer's name, address & contact no	<input type="text"/>	Where can the vehicle be inspected?	<input type="text"/>

### DRIVER DETAILS

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>	Occupation	<input type="text"/>
Address	<input type="text"/>			Was he/she in your employ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License	Number	Date Issued	Place Issued	Code	License Type
(Copy to be attached)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full <input type="checkbox"/> Learner
State fully the purpose for which the vehicle was being used <input type="text"/>					
Has he/she any motor insurance on own car?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state Policy No. and Company <input type="text"/>			
Detail of any convictions for motoring offences <input type="text"/>					
Has licence ever been endorsed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state detail <input type="text"/>			
Does he/she have any physical defects?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state detail <input type="text"/>			
Details of previous accidents <input type="text"/>					

### PASSENGERS IN INSURED VEHICLE

Passenger Name	Address	Injury
<input type="text"/>	<input type="text"/>	<input type="text"/>
For what purpose were they being transported? <input type="text"/>		Are they employees? <input type="checkbox"/> YES <input type="checkbox"/> NO

### DAMAGE TO OTHER VEHICLES

Registration No.	Make & Model	Name & Address of Owner & Driver	Detail of Damage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name and address of Owner	Details of damage
<input type="text"/>	<input type="text"/>



**SKETCH OF ACCIDENT (USE SEPARATE PAGE IF NECESSARY)**

**DECLARATION**

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

Signature of Driver  Date   
Signature of Insured  Capacity  Date

*It is important that You notify Us immediately You become aware of any impending prosecution, inquest or demand.  
This form should be **completed fully without delay** and forwarded to the Company at one of the above addresses or your broker / agent.  
The issue of this form does not imply an admission of liability.*

**LICENSE INSPECTION**

I have inspected the driver's license and it is free of endorsements / endorsed as shown.

Signature  Capacity  Date