

**SHORT CLAIM FORM - MOTOR ACCIDENTAL DAMAGE**

Important Note: The issuance of this form is not an admission of Liability on the part of the Company.  
All questions on this form should be answered.

<b>Policy number</b> .....	
<b>Insured's Name</b> .....	
<b>Vehicle Reg No.</b> .....	<b>Year of Manufacture</b> .....
<b>Telephone Numbers</b> .....	
<b>Email</b> .....	
<b>Date of accident</b> .....	<b>Time</b> .....
<b>Where accident occurred</b> .....	
<b>Describe fully how accident occurred</b> .....	
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.....	
<b>Kindly list all damaged parts</b> .....	
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.....	
<b>When was your last claim?</b> .....	
.....	
.....	

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances above.

Date.....

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(Signature & Stamp of Insured)