



Claim No:	
Policy No:	
Amount:	
Date Paid:	

MOTOR VEHICLE CLAIM FORM

Name of insured: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

Motor #	Reg. #	Make & Year	Seats	Type of Insurance
				<input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire/ Theft etc. <input type="checkbox"/> Comprehensive <input type="checkbox"/> Super Cover

DETAILS OF ACCIDENT OR LOSS

Date and time of Accident/Loss: _____

Location: _____

What side of the road was the Vehicle: _____

Before the Accident: _____

After the Accident: _____

What was the condition of the road? _____

Was the accident reported to the police? Yes No

Was a Policeman present at the scene of the Accident? Yes No If so, provide name and number of the officer(s): _____

Was Nagico's Road Service called? Yes No At what time? _____

Where is the Vehicle at the moment? _____

For what purpose was the Vehicle being used? _____

DETAILS OF DRIVER

Name: _____

Relationship (Friend, Employee, Relative): _____ Tel: _____

Address: _____

Age: _____ Lic. No: _____ Type: _____

Date of Issue: _____ Date of Expiration: _____

Driving experience: _____ years Was He/She permitted to drive? Yes No

Was He/She under the influence of any kind of intoxicating substance? Yes No _____

If yes, state what substance: _____

Did he/she agree to take the breathalyzer test? Yes No If yes, state the results: _____

If no, state why: _____

Did he/she undergo a blood test: Yes No If yes, state the results: _____

If no, state why: _____

OWN DAMAGE

Was your vehicle Damaged? Yes No

If Yes, Give Details: _____

What is your estimate of the damage(s): _____

THIRD PARTY DAMAGE

Deductible: _____

If a Vehicle, give: Make: _____ Year: _____ Reg. No: _____

What is your estimate for repairs? _____

Name and Address of owner: _____

_____ Tel.: _____

Where is the Vehicle at the moment? _____

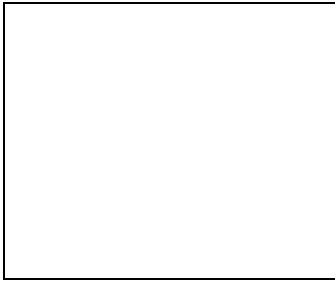
Insured at: _____ License No.: _____ Expiry date: _____

For What purpose was the Vehicle being used? _____

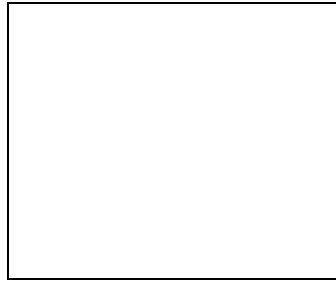
PERSONS INJURED

NAME	AGE	ADDRESS	PEDESTRIAN	PASS. IN PH'S CAR	PASS. IN OTHER CAR	EXTENT OF INJURY

SKETCH OF THE SCENE OF THE ACCIDENT

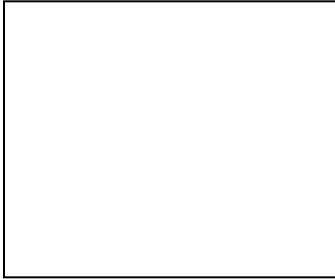


NORTH

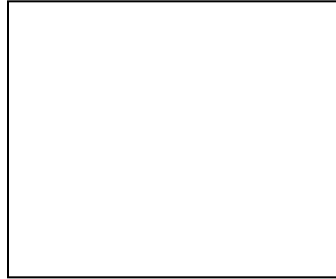


1. Show clearly the position of the cars at the time of the accident.
2. Shade the area where there is no road.

WEST



EAST



SOUTH

Was a writ sent to the Policyholder? Yes No

If yes, state date, name and address of Lawyer: _____

GENERAL REMARKS

I/We declare that the above statements are completely true and correct and understand that if I/we make any false or fraudulent statements, or suppress or conceal any facts or information, the policyholder/insured shall forfeit/lose all rights under the insurance as per Section B, Article 12 ad of NAGICO's Motor Vehicle Policy Conditions. NAGICO also reserves all its rights and remedies under the law including but not limited to those available under articles 3:44, 6:228 and 6:248 of the Civil Code of Aruba, and article 340 of the Aruban Commercial Code.

Signature(s)

Dated

