



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 underwent 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? \_\_\_\_\_

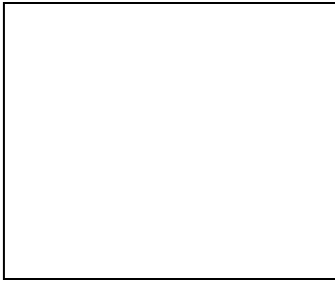
Insured at: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiry date: \_\_\_\_\_

For What purpose was the Vehicle being used? \_\_\_\_\_

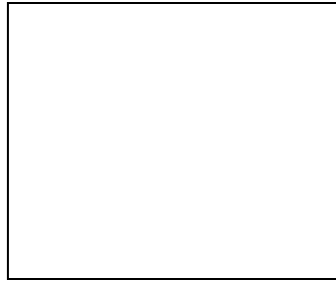
### PERSONS INJURED

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

**SKETCH OF THE SCENE OF THE ACCIDENT**

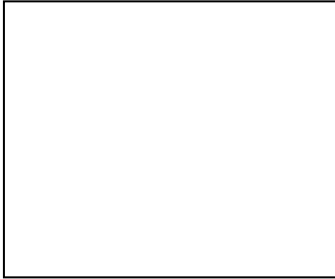


**NORTH**

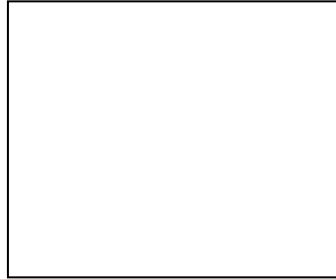


1. Show clearly the position of the cars at the time of the accident.
2. Shade the area where there is no road.

**WEST**



**EAST**



**SOUTH**

Was a writ sent to the Policyholder?  Yes  No

If yes, state date, name and address of Lawyer: \_\_\_\_\_

**GENERAL REMARKS**

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**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**

