atlantic insurance

ATLANTIC INSURANCE CO. PUBLIC LTD

CLAIM FORM

Claim No. .....

Reg. No. ..... Policy No ..... Cover .....
Make, Model, Construction and Colour .....
Excess..... Insured Amount ..... Employee handling claim .....

1. PARTICULARS OF THE INSURED AND THE DRIVER

(A) INSURED ..... ID/Reg.No. .....
Address .....
Occupation ..... Date of Birth ..... Tel. No. ...../.....
Driver's License: REGULAR/LEARNER Date of Issue .....
Has your license ever been suspended? YES / NO If yes, give details .....
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(B) In case the driver at the time of the accident was not the insured, give the following information:
DRIVER ..... ID No .....
Address ..... Tel. No ...../.....
Occupation ..... Date of Birth..... Relationship with the Insured .....
Driver's License: REGULAR / LEARNER Date of Issue: .....
Has his License ever been suspended? YES / NO If yes, give details .....
Does he have previous convictions for negligent driving? YES / NO If yes, give details .....
.....
Is the driver a holder of a Motor Insurance? ..... Name of Insurance Co.& Cover .....
Does he suffer now or suffered during the last four years from diabetes, epilepsy, heart problems, reduced vision or hearing or from any other disease or incapacity of body or mind? YES / NO If yes, give details:
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(C) In case the Insured Vehicle is owned by a company complete the following:
Is the driver a permanent, remunerated employee of the company? YES / NO If yes, how long has he been employed by the company? .....
At the time of the accident was he carrying out company's work? YES / NO

Please attach Ownership Certificate of Vehicle and Driver's License

2. DETAILS OF ACCIDENT

Date of Accident ..... Time ..... Speed .....

Place of Accident .....

Use of vehicle at the time of the accident .....

Were there any passengers in the insured vehicle at the time of the accident? YES / NO

If yes, please give names, addresses and Tel. Nos. numbers of all passengers: .....

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3. PARTICULARS OF OTHER PARTIES INVOLVED

(1) REGISTRATION NO. ..... MARK & MODEL .....

Insurance Company ..... Cover .....

OWNER ..... ID / Reg. No. .....

Address .....Tel. No. ...../.....

DRIVER ..... ID No. .....

Address .....Tel. No. ...../.....

(2) REGISTRATION NO. ..... MARK & MODEL .....

Insurance Company ..... Cover .....

OWNER ..... ID / Reg. No. .....

Address .....Tel. No. ...../.....

DRIVER ..... ID No. .....

Address .....Tel. No. ...../.....

(3) REGISTRATION NO. ..... MARK & MODEL .....

Insurance Company ..... Cover .....

OWNER ..... ID / Reg. No. .....

Address.....Tel. No. ...../.....

DRIVER ..... ID No. .....

Address.....Tel. No. ...../.....

4. WITNESSES

Has the Police visited the scene of the accident? YES / NO If not, was it reported to the Police? YES / NO

Give particulars of the Policeman who VISITED / REPORTED the accident:

Policeman No. ..... Name ..... Police Station .....

Give names, addresses & Tel. Nos. of all witnesses .....

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5. DAMAGES

A. To the Insured vehicle

Details of damages .....

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Garage for repairs .....

B. To the Vehicles of Other Parties

1. Details of damages .....

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Garage for repairs .....

2. Details of damages .....

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Garage for repairs .....

3. Details of damages .....

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Garage for repairs .....

C. To other property

1. Details of the property and damages suffered:

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2. Name, address and Tel. No. of owner:

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6. BODILY INJURIES suffered by the DRIVERS or PASSENGERS of vehicles involved

Give Names, Age, Addresses, Tel. Nos. and injuries suffered. If anyone was transferred to a hospital or clinic, state when, name of institution they were transferred as well as whether they were kept for treatment.

(1) .....

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(2) .....

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(3) .....

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7. DESCRIPTION OF THE ACCIDENT BY THE DRIVER

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8. DRAWING OF THE ACCIDENT BY THE DRIVER

Date .....

Signature of the Driver .....

Signature of the Insured .....