



Motor Accident Insurance Claims Form

CIC AFRICA INSURANCE (SS) LIMITED

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AGENCY/ BROKER

CUSTOMER INFORMATION:

INSURED:

POSTAL ADDRESS:..... CODE:..... TOWN:

POLICY NUMBER..... TELEPHONE:

MOBILE NO: EMAIL:.....

TIN NO: ID/PASSPORT NO:.....

OCCUPATION:

VEHICLE DETAILS:

Registration: Year: Make:.....

Model:..... Financer's Name: (If Applicable) :.....

DRIVER DETAILS

Who was driving the vehicle at the time of the accident? Surname Name:.....

Other Names: Occupation:

Address, Telephone number, Mobile (If different from the above):.....

.....

Date of birth: ID/Passport number:.....

Relationship to insured:.....

Driver's lisense number:..... Date issued:

How long have you been driving?

Gender: Male:

☐

Female:

☐

Had you consumed any intoxicating liquor or taken medication or other drugs within 6 hours prior to the accident?

If yes to any of the above, please give the details.

.....

If you are not insured, do you have a vehicle of your own?

If yes, who is the insurer?

Have you been convicted in the last 5 years of any offence in connection with any motor vehicle, or is any prosecution or police enquiry pending?

If yes, give details:

ACCIDENT DETAILS:

What was the date of the accident?..... Time:..... AM PM

Where did the accident occur? Town:..... Road:.....

What was your speed at the time of the accident?..... Mph/Kph Were your headlights on?

What was the weather condition at the time of the accident?

What warning was given immediately prior to the accident?

Where is the vehicle now?.....

Name of the repairer: Contacts:

Details of towing agency:.....

Did the police witness or attend the scene of the accident?.....

If yes, name of Police Officer:..... Force number:.....

Name of Police Station:..... O.B No.:.....

How many occupants were in your vehicle?.....

Was the driver or any passenger(s) in your vehicle injured as a result of this accident?.....

If yes, give the details:

NAME	NATURE AND EXTENT OF INJURIES:	RELATIONSHIP TO THE INSURED

Give a brief statement describing the extent of damage

Sketch plan of scene of accident

Driver's statement:

PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT DETAILING
CIRCUMSTANCES SURROUNDING THE ACCIDENT ON A SEPARATE SHEET OF PAPER

Have you ever made any claim or been in an accident in connection with a motor vehicle in the last 5 years?

If yes, please provide full details:

PERSONAL INJURY TO THIRD PARTIES *(If applicable)*

Was anyone else injured as a result of this accident? (pedestrian or passenger in the other vehicle)

If yes, please avail the following details: Name, address, hospital attended, nature and extent of injuries

THIRD PARTY PROPERTY DAMAGE DETAILS *(If applicable)*

Was there any third party property damage?

Motor vehicle

Other properties

If yes, please avail the details (as applicable):.....

.....

Name of owner:.....

Name of driver:.....

Address:.....

Registration No.:..... Make:.....

Extent of the damage:

Third party's insurer: policy number:.....

Did the other driver admit liability for the accident?

WITNESSES

Please provide names and contact details of all witnesses to this incident

Name: Contacts:

Name: Contacts:

USE OF THE MOTOR VEHICLE

For what purpose was the vehicle being used at the time of the accident?

Give the description of the goods being carried: *(If applicable)*

Name of owner of goods carried:

DECLARATION

I/We hereby declare that the whole of the statements made by me/us in claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

DATE:

Insured's Signature:
Rubber Stamp / Seal

FOR OFFICIAL USE ONLY

The following supporting documents are required:

- . Original police abstract
- . Copy of driver's licence
- . Evidence of excess payable (where applicable)