



EXCEL INSURANCE COMPANY LIMITED

Plot 2D, Nkurumah Road,
 1st, 2nd & 3rd Floor, Crest House.
 P.O.BOX 7213 Kampala
 Tel : +256-414-259882
 Email : excelins@infocom.co.ug

MOTOR ACCIDENT CLAIM FORM

IMPORTANT NOTICE

1. No liability is admitted by issue of this form
 2. Neither owner nor driver may admit fault or Liability for this accident.
- Do not answer communications about his accident
 Direct these to the insurance company for action.
 Repairs must be authorized without prior authority

Insurers Claim No.....

Brokers Ref. No.

INSURED	Name:..... Tel. No..... Address..... Business/Occupation
POLICY	Number:..... Name of hire purchase or finance company.....
VEHICLE	Make & Model HP/CC..... Reg. No. of Vehicle Carrying Capacity..... Reg. No. of Trailer.....Carrying Capacity..... Name and Address of Owner.....
USE	State the exact purpose for which the vehicle was being used at the time of the accident

	<p>.....</p> <p>.....</p> <p>.....</p>
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COMMERCIAL

<p>Description of goods being carried.....</p> <p>Name of owner of goods..... was a trailer attached?.....</p> <p>Weight of load on (a) Vehicle (b) Trailer(s).....</p>

DRIVER

Name: Occupation:..... Date of birth.....

Address.....

.....

Is he employed by you? How long has he been in your service?.....

Was he in any way to blame for the accident? Did he admit liability?.....

Has he had any previous accidents?..... If so, how many, and approximate dates?.....

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Has he any conviction for any offence in connection with any motor vehicle or any ` charges pending?.....

If so, give details including dates.....

Does he hold a full or provisional license to drive this vehicle?.....

In full, state when driving test first passed.....Number.....

Does he own a Motor Vehicle?..... If so, give name and address of insurer.....

.....Driver's Policy No.....

ACCIDENT

<p>Date..... Time..... a.m/p.m. Place.....</p> <p>Type of road surface..... Visibility.....Wet or Dry?.....</p> <p>What lights were showing on your Vehicle?.....</p> <p>What warning did your driver give?.....</p> <p>Estimated speed before accident..... Weather condition.....</p> <p>Did Police take particulars?..... If so, give constable's number station.....</p> <p>.....</p> <p>To which Police Station was the accident reported?.....</p> <p>Attach copy Notice of intended prosecution if any.....</p>
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Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were traveling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information and briefly explain the cause.

State briefly apparent damage.....

 (in all cases where your vehicle is damaged and you are entitled to claim under your policy,
 please send at once to the company an estimate for repairs)
 Repair's name and address.....

 Is the vehicle still in use? when and where can it be inspected?.....

**VEHICLES INVOLVED &
PROPERTY DAMAGED**

Name and address of driver	Reg. No.	Name of Insurer	Other property damaged
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.....
.....
.....

**PERSONS
INJURED**

Name and address	Relationship to the Insured	If Driver or Passenger Reg. No. of Vehicle	Apparent injuries
.....
.....
.....
.....

Name	Address
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I DECLARE that these particulars are true and undertake to forward immediately (and unanswered any correspondence relating to this accident.

DATE:..... Signature of Insured.....