

BOTSWANA

MOTOR ACCIDENT CLAIM FORM

(Delete sections not applicable)

Unit 8, Plot 64511, Fairgrounds, Gaborone, Botswana Private Bag 00347, Gaborone, Botswana Tel +267 399 5700 Fax +267 390 3400 Plot 644, Lobengula Avenue, Francistown, Botswana Private Bag F43, Francistown, Botswana Tel +267 399 5700 Fax +267 241 2810

Please print in block letters using black or blue ink.

Policy number	cy number Claim number																														
Broker/Agent																															
DETAILS OF IN	ICII	DEL																													
Name																															
Surname																															
Identity														1	VA																
number Address															re	gistr	ation	num	nber												
Address	-											-													-						
Day telephone number]			Oc	cupa	ition												
														_																	
DETAILS OF V		CLE		1			1	1				1		7							1	1	1				1	1			
Make															Re	gistr	ation	num	nber												
Model																		١	lear												
Tare															G	ross	vehi	cle n	nass												
Date of purchase	Y	Y	Y	Y	M	M	D	D]						Kilo	metr	es co	omple	eted												
Value	Ρ]																					
If the vehicle is sub	ject	ot H	ire P	ruch	ase,	Crea	dit o	r Lea	sing	Agr	eem	ent,	plea	se pi	rovic	le:															
Name of finance company										-																					
Address of																															
finance company																															
In whose name is the vehicle register	edș																														
DETAILS OF D	۵M	AG	E																												
Damage to																															
own vehicle Estimate for repair		attac	h au	lotati	ion	P									1																
													T																		
Where can your d vehicle be inspecte	şqş	0																													
DETAILS OF D	RIV	ER																													
Full name																															
Surname																															
Address																															
Identity number																	Oc	cupa	ition												
Driving Licence	Full]	Lea	rner																										
	Nur	nber]						[Date	Y	Y	Y	Y	M	Μ	D	D

Code

Place

										_															
State fully the purp	ose	for v	vhich	n the	veh	icle	was	bein	g us	ed.													 		
Was he/she drivin	g wi	th yo	our p	berm	issio	nŞ																YES	1	NO	
Was he/she in you	ur en	nploy	yer?																			YES	1	10	
Is he/she the owne	er of	ano	ther	vehi	cle?																	YES	1	10	
If "YES", please pr	ovid	e:										 	 					 	 	 	 		 		
Name of insurer																									
Policy number																									
Details of any conv	victio	ons fo	or m	otori	ng c	offer	ices.																 		
Has the licence eve					°							 	 					 	 	 	 	VEC	 ,		
					ċ																	YES		10	
Has he/she any pl				ts?																		YES	ſ	10	
Details of previous	acci	iden	ts.																				 		
DETAILS OF PA	SS	ENG	GER	25 (INS	UR	ED Y	VEH	ICL	E)													 		
Name																									
Address																									
Injury																									
Name																									
Address																									
Injury																									
Name																									
Address																					T				_
Injury																									
For what purpose were they carried																									
Are they employee	sś																				_	YES	1	10	
DETAILS OF THIRD PARTY																									
OTHER VEHICLES	IIKL	/ 7/	-4 IX	•																			 		
Make													Re	egistr	ation	n nur	nber								

Make										ĸeą	JISIIC	mon	nun	iber								
Name of owner																						
Address of owner																						
Name of driver																						
Address of driver																						
Details of damage			 <u> </u>	ļ	<u> </u>	!	<u> </u>	ļ	ļ	ļ			<u> </u>		ļ			1				
Details of damage																						

Contact details:	Hom	e															V	/ork													
	Cellp	ohon	e nu	mbe	er 🗌]				-		-			-					
Insurance details:	Com	ipan	4														_														
	Polic	xy/C	laim	num	nber																										
PROPERTY OTHER	тна		нс	TES																											
Name of owner																															
Address of owner																															
Details of damage																															
PERSONAL INJURI	ES (C	othe	R TH	HAN	IIN	INSL	JRED	o's v	'EHIC	CLE)																					
Name of injured																															
Name of hospital (if applicable)]	Rela e.a.	tions driv	ship 'er,	o to pas	acc	iden ger,	t etc											
Details of injuries														0		,			<u> </u>												
Name of injured																															
Name of hospital (if applicable)														Rela	tions	ship	o to	acc	iden	t											
Details of injuries											 		1	 e.g.		er,	pu	sen	ger,												
Name of injured																															
Name of hospital													1	Rela	tions	ship	o to	acc	iden	t [
(if applicable) Details of injuries]	 e.g.	driv	er,	pa	ssen	ger,	etc ∟											
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DETAILS OF W	ITN	ESS	ES																												
Name																															
Address																															
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Name																															
Address																															
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DETAILS OF A	CIE	DEN	т																												
Place																															
Date	Υ	Y	Y	Y	м	M	D	D															1	ime							
Speed:	Befo	re a	ccide	ent							kph								٨	۸om	ent c	of im	oact								kph
Weather conditions]						Visi	blity												
Road surface]			١	Wic	dth	of ro	bad												
Which vehicle lights were on?]				Stre	et ting													
Was any warning	giver	ı by	you,	e.g	. ho	oting	, inc	licate	or, e	c.?			1			I	ign	ing								Y	'ES		1	10	
POLICE REPORT	-	,	. '	0		0																					L]		l	
Name of officer who took recorded																															
details of accident.																															
Station name													1																		
Reference number																				D	ate	repo	rted	Y	Y	Y	Y	Μ	Μ	D	D

Please give a description of the accident.

NO

SKETCH OF ACCIDENT (IF NECESSARY USE A SEPARATE PAGE)

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident

LICENCE INSPECTED

I have inspected the driver's licence and it is free of endorsements/endorsed as shown. Please attach copies of driver's licence and page 1 of driver's identity document.

Signature										
Capacity										
Date	Y	Y	Y	Y	M	Μ	D	D		

DECLARATION BY INSURED PERSON

 $\ensuremath{\mathsf{I}}\xspace$ We declare that the above particulars are true in every respect.

Signature of Driver	Date Y Y Y M M D D
Signature of Insured Person	Date Y Y Y M M D D
Capacity	

IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.