

Western Insurance Botswana  
 Private Bag BO256, Gaborone  
 Masa Centre  
 Office 1D, First Floor  
 Western Commercial Road  
 Tel: +267 3710617 fax: +267 3710618  
 Email: [claims@westnat.co.bw](mailto:claims@westnat.co.bw)



## Motor Accident Claim Form

### Details of Insured

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Phone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Broker/ Agent: \_\_\_\_\_ VAT number \_\_\_\_\_

### Details of Incident

Date and Time of incident \_\_\_\_\_ Date and Time discovered \_\_\_\_\_  
 Date and Time Reported: \_\_\_\_\_ Place of Loss \_\_\_\_\_  
 What purpose was the vehicle used for \_\_\_\_\_  
 Speed at impact \_\_\_\_\_ Weather/ Visibility \_\_\_\_\_  
 Was the driver tested for alcohol/ drugs  Y  N If tested, Is the report attached  Y  N  
 Is the incident covered under any other policy of insurance?  Y  N  
 Police Station \_\_\_\_\_ Police Officer \_\_\_\_\_ Police Ref No \_\_\_\_\_  
 Repairer's Name \_\_\_\_\_ where can your vehicle be inspected \_\_\_\_\_

### Vehicle Details

Make	Model and Year	Registration Number	Chassis Number
VIN Number	KM completed	Value	Security fitment (immobilizer/tracking device)

### Driver Details

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 License Number \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Was the driver using the vehicle with the insured's permission  Y  N  
 Does the driver have any disabilities including eyesight deficiency?  Y  N Description of disability \_\_\_\_\_

### Witnesses

Name, Address, contact	
Name, Address, contact	

### Injuries to Passenger in the insured vehicle

Name	Address and Contact	Injuries

For what purpose were they being transported \_\_\_\_\_  
 Are they employees?  Y  N

### Third Party Details

Registration No	Make and Model	Name and contacts	Details of Damage

### Third Party Injuries

Name	Address and Contact	Injuries

### Accident Details

#### Description of Accident

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#### Sketch of Accident

#### Declarations

I/We declare that to the best of my/our knowledge the above statement is true. I acknowledge that the information set above is provided freely so that Western may process my claim and give the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on recorded and any additional information obtained from other sources to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.

Insured's signature \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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Driver's signature \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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