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Motor vehicle loss or Damage Claim Form

INSURED DETAILS

Name of Insured			
Policy Number		Claim Number	
Contact Person		Email Address	
Vat Number		Phone Number	

INCIDENT DETAILS

Incident type			Was the driver tested for alcohol or drug abuse? (where applicable)	Yes	No
Date & time of incident			If the driver was tested for alcohol/drug abuse is the report attached?	Yes	No
Date & time discovered					
Date & time reported					
Place of loss					
What purpose was the vehicle used for			Is the incident covered under any other policy of insurance?	Yes	No
Speed at impact (where applicable)					
Where can your vehicle be inspected?			Weather Visibility		
Is the incident covered under any other insurance?	Yes	No	Repairers name		
if yes, please provide details					

POLICE REPORT

Police Station		Case Number	
Date of reported		Police Officer	

VEHICLE DETAILS

Make/Model	<input type="text"/>	Year of Manufacture	<input type="text"/>
Registration number	<input type="text"/>	VIN Number	<input type="text"/>
Chassis Number	<input type="text"/>	Kilometers completed	<input type="text"/>
Details of Outstanding Finance	<input type="text"/>	Security fitments(immobilizer/tracking devices)	<input type="text"/>

FULL DETAILS OF DRIVER

Full Name	<input type="text"/>	Does the driver have any disabilities including eyesight deficiency?	Yes	No
Licence Number	<input type="text"/>	Description of disability	<input type="text"/>	
Occupation	<input type="text"/>			
Was Driver using the Vehicle with the Insured's permission?	Yes	No		

WITNESSES

Witness 1

Name	<input type="text"/>
Contact Person	<input type="text"/>
Physical Address	<input type="text"/>

Witness 2

Name	<input type="text"/>
Contact Person	<input type="text"/>
Physical Address	<input type="text"/>

SKETCH OF EVENTS RESULTING IN LOSS OR DAMAGE

DESCRIPTION OF EVENTS RESULTING IN LOSS OR DAMAGE

THIRD PARTY DETAILS

Contact Details Of Third Party

Name	<input type="text"/>	Contact Number	<input type="text"/>
Contact person	<input type="text"/>	Insurer name	<input type="text"/>
Email Address	<input type="text"/>		

Details Of Third Party Vehicle

Make	<input type="text"/>	Model	<input type="text"/>
Year of Manufacture	<input type="text"/>	Registration Number	<input type="text"/>
Chassis	<input type="text"/>	Engine Number	<input type="text"/>
Details of Damage to Third Party Vehicle	<input type="text"/>		

DECLARATION

- ✓ I / we declare that to the best of my / our knowledge the above statements are true.
- ✓ I acknowledge that the information set out above is provided freely so that Lords may process my claim and give effect to the terms and conditions contained in the policy wording.
- ✓ I herewith give my consent that Lords may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.
- ✓ I understand that I may be liable for output VAT in terms of VAT Act.

Insured Name	<input type="text"/>	Driver	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>