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## Motor vehicle loss or Damage Claim Form

### INSURED DETAILS

Name of Insured	<input type="text"/>		
Policy Number	<input type="text"/>	Claim Number	<input type="text"/>
Contact Person	<input type="text"/>		
Vat Number	<input type="text"/>	Email Address	<input type="text"/>
	<input type="text"/>	Phone Number	<input type="text"/>

### INCIDENT DETAILS

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

### POLICE REPORT

Police Station	<input type="text"/>		Case Number	<input type="text"/>	
Date of reported	<input type="text"/>		Police Officer	<input type="text"/>	

**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		
Occupation	<input type="text"/>			
Was Driver using the Vehicle with the Insured's permission?	Yes	No	<input type="text"/>	

**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"/>