



**SALAM TAKAFUL INSURANCE COMPANY LIMITED**  
**NO 65, IBRAHIM TAIWO STREET, KANO.**

**MOTOR (COMMERCIAL) CLAIM FORM**

CLAIM No \_\_\_\_\_

Participant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Telephone \_\_\_\_\_  
 Policy No \_\_\_\_\_ Where Issued \_\_\_\_\_  
 Have you paid last contribution \_\_\_\_\_ If yes, to whom \_\_\_\_\_

**PARTICIPANT VEHICLE CONCERNED IN THE ACCIDENT**

Maker	H.P.Or C.C.	Registered letters and numbers	What category of license?	For what purpose was vehicle being used?

If claim is under Motor Trade Policy, give Name and Address of Owner of vehicle \_\_\_\_\_

Does Participant own more than one vehicle? \_\_\_\_\_ If so, how many were in use on day of accident? \_\_\_\_\_

Is vehicle (a) Owned by the Participant? \_\_\_\_\_ (b) Registered in your Name? \_\_\_\_\_

(c) Cover provided? \_\_\_\_\_

If vehicle is not owned by the Participant, state name and address of:

(a) Owner \_\_\_\_\_

(b) Insurer/Takaful \_\_\_\_\_

**DRIVER**

Name of person driving at the time of accident \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Does he/she holds a license? \_\_\_\_\_ What category? \_\_\_\_\_ When does it Expire \_\_\_\_\_

Has he/she been convicted of motoring offence? \_\_\_\_\_

How long has he/she been driving (a) this type of vehicle? \_\_\_\_\_ (b) Any other type of vehicle? \_\_\_\_\_

State whether the person driving at the time of the accident is:

(a) The Owner \_\_\_\_\_ (b) His Employee \_\_\_\_\_ or (c) Relative or Friend? \_\_\_\_\_

If employee, how long has he/she in the employment? \_\_\_\_\_ If \_\_\_\_\_

Owner was not driving state whether the person driving at the time of accident owns a vehicle himself

If so, state Name and address of Insurers/Takaful operators \_\_\_\_\_

**CIRCUMSTANCES**

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Was vehicle in use with Participant's permission or authority? \_\_\_\_\_

Exact location of Incident \_\_\_\_\_

Road and Weather conditions \_\_\_\_\_

Estimated speed of covered vehicle \_\_\_\_\_ m.p.h. Was horn sounded \_\_\_\_\_ other warning given? \_\_\_\_\_

Full description of accident (please continue on a separate sheet if necessary)

One square equals one yard (3 feet)

SKETCH- Please show position of vehicles and persons concerned at the time of accident, indicate by arrow the directions in which they were travelling

WITNESSES

Give names and addresses of all witnesses

Passengers in Participant's vehicle { \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Witnesses { \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employees { Names and address of conductors, apprentices and employees in vehicle  
\_\_\_\_\_  
\_\_\_\_\_

If no name of witnesses taken, please state reason \_\_\_\_\_

Did a Police Official witness accident or take particulars? \_\_\_\_\_ Official's No. \_\_\_\_\_

If not, to which Police or other Authority has accident been reported? \_\_\_\_\_

DAMAGE TO PARTICIPANT VEHICLE

State full details of damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where can the vehicle be inspected? \_\_\_\_\_

Estimate cost of repair \_\_\_\_\_

Repairer's Name, Address, and Telephone No. \_\_\_\_\_

WHERE THE POLICY PROVIDES TAKAFUL FOR DAMAGE TO THE VEHICLE, A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE, BUT THE REPAIRS SHOULD NOT BE CARRIED OUT WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY

THIRD PARTIES INVOLVED IN THE ACCIDENT

State names and addresses of any passenger and/or other persons sustaining injury and give nature of injury and stating exactly where they were at the time of the accident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the names and addresses of Owner and registered number of any vehicle concerned

Give particulars of any damage sustained by such vehicle, or any property not belonging to yourself

If notice or Third party claim has been given verbally or in writing, give particulars \_\_\_\_\_

Where can the vehicle be inspected? \_\_\_\_\_

I declare the foregoing particulars to be true in every respect, and I hereby leave in the hands of the Company in accordance with the Conditions of the policy the conduct of all claims and litigation arising out of this accident and to which the policy applies, to deal with, to prosecute and/or settle as they think fit without further reference to me; and I undertake to give all such information and assistance as the Company may require.

NAME:

SIGNATURE:

DATE: