

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

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## MOTOR VEHICLE ACCIDENT CLAIM FORM

**Instruction:** Use (✓) where appropriate.

**NOTE:** The information provided is to enable the Company's Solicitors to advise on and to conduct any legal proceedings which may ensue.

**Type/Class of Vehicle:** Private  Commercial

### PART A: POLICY DETAILS

POLICY NO:  WHERE ISSUED:

Have you paid last contribution?  YES  NO

If yes, to whom:

Date of payment of last contribution: \_\_/\_\_/\_\_\_\_ format dd/mm/yyyy

### PART B: PARTICIPANT DETAILS

FULLNAME:

ADDRESS:

TELEPHONE:

OCCUPATION:

### PART C: PARTICIPANT VEHICLE DETAILS

i- 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 been used?

Authorized and Regulated by:



Member of:



ii- Is claim under Motor Trade Policy?  YES  NO

If yes, give Name and Address of Owner of vehicle

Name:

Address:

iii- Does Participant own more than one vehicle?  YES  NO

If yes, how many were in use on day of accident?

iv- Is vehicle (a) Owned by the Participant?  YES  NO

(b) Registered in your Name?  YES  NO

(c) Cover provided?  YES  NO

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

(a) Owner:

(b) Insurer/Takaful:

#### PART D: DRIVER DETAILS

i- Name of person driving at the time of accident:

ii- Address:

iii- Age:

iv- Does he/she hold a license?  YES  NO

If yes;

(a) Category:

(b) Expiry Date: \_\_/\_\_/\_\_\_\_ format dd/mm/yyyy

v- Has he/she been convicted of motoring offence?  YES  NO

vi- How long has he/she been driving;

(a) this type of vehicle?

(b) any other type of vehicle?

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

The Owner  His Employee  Relative or Friend

viii- If employee, how long has he/she in the employment?

ix- If Owner was not driving, does the person driving at the time of accident owns a vehicle himself?

YES  NO

Authorized and Regulated by:



Member of:



If yes, state Name and address of Insurers/Takaful operators;

Name:

Address:

**PART E: CIRCUMSTANCES**

i- When did it Happen? Time: \_\_: \_\_ am/pm format HH:MM Date: \_\_/ \_\_/ \_\_ format dd/mm/yyyy

ii- Was vehicle in use with Participant's permission or authority?  YES  NO

iii- Exact location of Incident:

iv- Road and Weather conditions:

v- Estimated speed of covered vehicle:  mph

vi- Was horn sounded?  YES  NO

vii- Other warning given?

viii- 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

Example

Direction

Front

Vehicle

Authorized and Regulated by:



Member of:



**PART F: WITNESSES**

i- Give names and addresses of all witnesses;

(a) Passengers in Participant's vehicle

Name	Address

(b) Other Witnesses

Name	Address

(c) Employees (conductors, apprentices and employees in vehicle)

Name	Address

ii- If no name of witnesses taken, please state reason:

iii- Did a Police Official witness accident or take particulars?  YES  NO

If yes, provide Official's Number:

Else, to which Police or other Authority has accident been reported?

**PART G: DAMAGE TO PARTICIPANT VEHICLE**

i- State full details of damage;

ii- Where can the vehicle be inspected?

iii- Estimate cost of repair:

iv- Repairer's details;

(a) Name:

(b) Address:

(c) Telephone Number:

Authorized and Regulated by:



Member of:



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

**PART H: THIRD PARTIES INVOLVED IN THE ACCIDENT**

i- Injured passenger(s)/person(s) details;

Name	Address	Nature of Injury	Position at the time of the accident

ii- Details of concerned third party vehicle owner(s);

Name	Address	Registered Number

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

iv- If notice or Third party claim has been given verbally or in writing, give particulars;

v- Where can the vehicle be inspected?

**PART I: DECLARATION**

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: \_\_\_\_\_ 20\_\_

Authorized and Regulated by:



Member of:

