Making **life better**

BIC
BOTSWANA
INSURANCE COMPANY

MOTOR VEHICLE CLAIM FORM
(DELETE SECTIONS NOT APPLICABLE. DO NOT JUST LEAVE BLANK.)

INSURED (applicable for both accident and theft)	Name & occupation					
	Address & Contacts					
	Contact E mail address					

VEHICLE (applicable for both accident and theft)	Registration no.	Make	Gross Vehicle Mass	Mileage	Date purchased & price paid	
	Value	Year & model	Finance Company			

SPLIT QUESTION HERE!!!!	Has the vehicle been stolen or in an accident?

DAMAGE	Damage to own vehicle	
	Estimate for repairs or attach quotation	
	Repairers name & no.	
	Where can your damaged vehicle be inspected?	

DRIVER	Full name					
	Address	Tel No.				
	Occupation & Date of birth	Two fields				
	Drivers licence	Number	Date Issued	Place	Class	Full / Learners
	State fully the purpose was for which the vehicle was being used?					
	Was the driver operating the vehicle with your permission?					
	Was the driver in your employ?					
	Details of any convictions for motor offences					
	Has licence ever been endorsed?					
	Has he/she have any physical defects?					
	Details of previous accidents if any					

PASSENGERS (Insured's Vehicle)	Passengers in insured vehicle	Name	Address	Injury
	For what purpose were they transported?			
	Are they employees?			

DAMAGE TO OTHER VEHICLE	Registration No	Make	Name & address of owner	Details of Damages

DAMAGE TO PROPERTY	Name & address of owner	Details of damage			
PERSONAL INJURIES OF THIRD PARTY	Personal injuries (other than in insured vehicle)	Name of injured	Relationship to accident e.g. pedestrian, driver of the other vehicle	Details of injuries	If taken to the hospital, state the name.

WITNESSES	Name, address & phone no			
	Name, address & phone			
THEFT	Date, time & place of accident			
	Was the vehicle left locked?			
	Who is in possession of the keys			
	Police station & statement reference No:			
	Vehicle engine & Chassis No	Engine	Chassis No	Colour of vehicle
	If accessories stolen provide full details			
ACCIDENT (applicable for both accident and theft)				
	Weather conditions		Visibility	
	Road surface		Width of road	
	Were the vehicle lights were on?		Street lighting	
	Was any warning given by you, e.g. hooting, indicator etc.			
	Police details	Name of police / traffic officer who recorded accident details	Police station & reference no	
	Was driver tested for alcohol or drugs?		Results of test:	
	Description of accident			
	Sketch of accident (If necessary use separate page)	Please show clearly the point of impact & indicate the direction of travel by arrows		
		Give details of any road safety signs or warning signs in vicinity of scene of accident		

SUBROGATION	I hereby subrogate, transfer and cede to the insurer any and all claims or causes of action of whatsoever kind and nature which I now have or may hereafter have, to recover against any persons as a result of the said occurrence and loss above-described. Also to recover on my behalf from such persons, my excess payment made as a result of the said occurrence. I agree that the insurer may enforce same in such manner as shall be necessary or appropriate for the use and benefit of the insurer, either in its own name or in mine. I will furbish such papers, information, or evidence as shall be within my possession or control for the purpose of enforcing such claim, demand, or cause of action.
DECLARATION	We hereby declare the foregoing particulars to be true in every respect
FILE ATTACHMENTS	- Police Report (PDF, JPEG) - Copy of Drivers License (PDF, JPEG) - Copy of Registration Book (PDF, JPEG) - Two Quotations (PDF, JPEG) - Photos of the accident (JPEG) (multiple)