



REGENCY ALLIANCE INSURANCE PLC.

RC. 223946
Incorporated in Nigeria

Head Office

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MOTOR VEHICLE ACCIDENT CLAIM FORM

NB The Policy No. to be entered on this form MUST BE
that which appears on your LATEST Motor Insurance Certificate

Policy (or Certificate) No.	Branch or Agent to whom you paid your last premium
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A INSURED

Name.....

Address (Private)..... Telephone No.

Address (Business)..... Telephone No.

Trade or Occupation (If more than one state all).....

B DRIVER

Name..... Occupation.....

Address..... Date of Birth.....

Driving License No..... Date of Expiry..... Group.....

Where issued..... How long has driver held a licence to drive the vehicle?.....

Is it a learners permit..... Date when driver passed the test

Details of all Police convictions in connection with any motor vehicle

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If driver was not the insured:-

Was he using the vehicle with insured's knowledge and consent?.....

Was he in the insured's employ?..... if so, state how long employed.....

Is he insured in his own name in respect of any motor vehicle?.....

If so, give name and address of Insurers.....

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C. VEHICLE

Reg. No.	C.C	Make	Year of Make	Were Goods Carried?	No. of Trailers

Is vehicle (a) owned by insured? (b) registered in your name?

(c) cover provided

If vehicle is not own by insured, State name and address of

(a) Owner

(b) Insurer

For what purpose was the vehicle being used?.....

If commercial vehicle state (a) class of Licence..... (b) carrying capacity..... (c) weight of load.....

State damage to your vehicle.....

Name and address of repairers where vehicle can be examined.....

..... Telephone No

Is vehicle at repairers now..... If not when will it be taken there?.....

Name of Hire Purchase Co., if any..... Approximate amount outstanding.....

State date of first registration as new.....

NOTE: AN ESTIMATE FOR REPAIRS MUST BE SENT AS SOON AS POSSIBLE IF THE DAMAGE IS COVERED BY THE POLICY

D. ACCIDENT

Date..... Time.....a.m/p.m Place..... Town
Own speed..... Width of road..... Road and weather conditions.....
Was accident reported to Police?..... Details of Officer or station.....

E OTHER PARTIES INVOLVED (Give details of all persons including passengers in your vehicle who were involved in the accident or who sustained injury or damage to property)

Name and address	Make of vehicle, Reg. No. and Insurer (if known)	Details of injury and damage
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F WITNESSES

Names and addresses of all passengers in your vehicle	Names and addresses of any other witnesses
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G FULL DESCRIPTION OF ACCIDENT (Including details of warnings and signals given by all parties)

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SKETCH PLAN, Please show the position on the road of vehicles at point of impact and indicate direction and track immediately before accident. If possible please indicate road signs and markings, including pedestrian crossings, relative importance of roads, and director of nearest towns.

Note: Any correspondence or Notice of Prosecution or other proceedings must be forwarded immediately.

I/WE declare that these particulars are true and complete. I/WE understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

I/We authorise the Company to instruct my/our repairers on my/our behalf to undertake such repairs to my/our vehicles at may be agreed.

Date:..... Signature of Insured.....
(If Limited Company, give status of Signatory)