

# BUMACO INSURANCE COMPANY LIMITED

*Insurance Services with Certainty*

**HEAD OFFICE**

Garden Ave/ Azikiwe St, 1<sup>st</sup> Floor, Car & General Bldg. P.O. Box 13147 DSM, Tel / Fax: +255 222124654

**BRANCHES**

DAR ES SALAAM (GARDEN AVENUE, MANDELA & LUTHER) - ARUSHA (UCHUMI & SAFARI) - MOSHI - MWANZA – MOROGORO- MBEYA – MTWARA- TANGA

*E-mail: dsmhq@bumacoinsurance.com*

## MOTOR ACCIDENT CLAIM FORM

(Please complete the claim form fully)

**IMPORTANT NOTICE**

1. No liability is admitted by issue of this form
2. Neither owner nor driver should admit fault or liability for this accident
3. Repair must not be authorized without prior authority of the Insurance Company
4. This claim form must be filled properly by the insured & driver and returned to Bumaco Insurance Company

**1. INSURED.**

Name of Insured: ..... Policy No. ....

Postal Address: ..... Tel. No. ....

E-mail: ..... Fax: .....

Occupation: .....

**2. PARTICULARS OF VEHICLE**

| Sticker No | Regis. No. | Eng./ Chassis No. | Make/ Model | Body | cc | Year of Manufacture | Capacity | Value |
|------------|------------|-------------------|-------------|------|----|---------------------|----------|-------|
|            |            |                   |             |      |    |                     |          |       |

Kilometers Completed: ..... Date of purchase and price paid: .....

**3. DAMAGE.**

Damage to Own Vehicle: .....

Estimate for repairs or attach quotation: .....

Repair's name, address and telephone number: .....

Where can your damaged vehicle be inspected? .....

Is the vehicle insured with any other Insurer?.....If yes state name of insurer.....

**4. DRIVER**

Full Name: .....

Address: ..... Phone No. ....

Occupation and Date of Birth: .....

Driving Licence No. .... Date: .....

Place: ..... Class: ..... Full /Learner

State fully the purpose for which the vehicle was being used:

.....

Was he/she driving with your permission? .....

Was he/she in your employ? .....

Has he/she any motor Insurance on own car?

If yes, state Policy No. and Company .....

Details of any convictions for motoring offences

Has his/her license ever been endorsed? .....

Has he/she any physical defects? .....

Details of previous accidents:

.....

.....

**5. PASSENGERS (IN INSURED VEHICLE).**

| Name  | Address | Injury |
|-------|---------|--------|
| ..... | .....   | .....  |
| ..... | .....   | .....  |
| ..... | .....   | .....  |
| ..... | .....   | .....  |

For what purpose were they carried? .....

Are they employees? .....

**6. OTHER PARTY.**

**DAMAGE TO OTHER VEHICLES**

| Registration No. | Make  | Name and address of Owner and Driver | Details of damage |
|------------------|-------|--------------------------------------|-------------------|
| .....            | ..... | .....                                | .....             |
| .....            | ..... | .....                                | .....             |

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**DAMAGE TO PROPERTY OTHER THAN VEHICLES**

o Name and Address of Owner ..... Details of damage

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**PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)**

| Name of Injured | Relationship to accident<br>e.g. Driver, Passenger | Details of Injuries | Name of Hospital<br>if applicable |
|-----------------|--|---------------------|-----------------------------------|
|-----------------|--|---------------------|-----------------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... |

**7. WITNESS.**

- Name, Address and Phone No. ....
- Name, Address and Phone No. ....
- Name, Address and Phone No. ....

**8, THEFT**

Date, time place of theft: .....

Was the vehicle left locked? .....

Who is now in possession of the keys .....

Police station and reference No. ....

Color of Vehicle .....

If accessories stolen, provide full details .....

**9. ACCIDENT**

Date: ..... Time: ..... Place: .....

Speed: Before accident ..... kph.. Moment of impact: ..... kph.

(a) Weather conditions: .....

(b) Visibility: .....

a) Road surface: .....

(b) Width of road: .....

- (a) Which vehicle lights were on?.....
- (b) Street lighting: .....
- Was any warning given by you, e.g. hooting, indicator etc?: .....

**10. POLICE DETAILS**

Name of Police/Traffic Officer who recorded details of Accident: .....

Police Station and Reference No. ....

Was driver tested for alcohol or drugs? .....

Result of Test: .....

**11. DESCRIPTION OF ACCIDENT**

Who in your opinion was to blame and why? .....

**12. SKETCH OF ACCIDENT**

(If necessary use separate page)  
Please show clearly the point of impact and indicate the direction of travel by arrows.  
Give details of any road safety signs or warning signs in vicinity of scene of accident

**13. STATEMENT BY THE DRIVER (*State what exactly happened*)**

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**14. STATEMENT BY THE OWNER**

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.....  
.....

**15. LICENCE INSPECTION**

I have inspected the driver's license as shown Signature.....  
Current Driving License No.:.....  
Valid for classes.....  
Date of Expiry.....  
Date of issue of 1<sup>st</sup> License and No.....  
Place of Issue.....  
Endorsement with Dates.....  
Type of Vehicle Driven at the Time of Accident.....  
Company Representative/Broker/Agent: .....  
Capacity.....

**16. DECLARATION**

We hereby declare the foregoing particulars to be true in every respect  
(Signature of Driver)..... Date.....  
Signature of Insured..... Capacity..... Date.....

***N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY  
IMPENDING PROSECUTION, INQUEST OR DEMAND.***