

# MAYFAIR INSURANCE CONGO SA

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## Motor Vehicle Claim Form

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY))

Policy No. : \_\_\_\_\_ Renewal date : \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Claim No. : \_\_\_\_\_

### **IMPORTANT :**

In no case admit your fault nor make any offer of payment without the written authority of the Company. Answer ALL questions FULLY to avoid unnecessary correspondence delay in the settlement of the claim.

(a) Name of the insured (in full) : \_\_\_\_\_

(b) Address : Street/Road : \_\_\_\_\_

Plot No. : \_\_\_\_\_

District : \_\_\_\_\_

P.O. Box : \_\_\_\_\_ Telephone N° : \_\_\_\_\_

(c) Profession or Occupation : \_\_\_\_\_

### **(1) The Insured Vehicle**

(a) Make and model : \_\_\_\_\_

(b) Horse Power : \_\_\_\_\_ HP

(c) Registration No. : \_\_\_\_\_

(d) Purchase price paid : \_\_\_\_\_ Currency : \_\_\_\_\_

(e) Year of manufacture : \_\_\_\_\_

(f) Date of Purchase : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(g) Type of Purchase :  New vehicle  Second hand vehicle

(h) State purpose for which it was being used at the time of the accident : \_\_\_\_\_

(i) Was it in proper order and condition at that time ?  YES  NO

(j) Mileage at the time of accident/theft/fire : \_\_\_\_\_ KMS

(k) Was the vehicle being used with your knowledge and consent ?  YES  NO

(l) If the claim is in respect of motor cycle,

- Was a pillion passenger being carried at the time of accident ?  YES  NO

(m) If the claim is in respect of a lorry,

- Was a trailer hauled at the time of accident ?  YES  NO

- Nature of goods carried at the time of accident : \_\_\_\_\_

- Weight of the load carried at the time of accident : \_\_\_\_\_ KGS

- Name of the owner of goods : \_\_\_\_\_

(n) Is the vehicle your own property ?  YES  NO

- If NO, who else is interested in this vehicle and how : \_\_\_\_\_

**(2) The person driving at the time of accident***(IMPORTANT : Kindly attach driver's license)*

(a) Full name of driver : \_\_\_\_\_

(b) Address : \_\_\_\_\_

(c) Age : \_\_\_\_\_ years Occupation : \_\_\_\_\_

- Relation to Insured : \_\_\_\_\_

(d) Particulars of the driving license,

- License No. : \_\_\_\_\_

- Date of issue : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place : \_\_\_\_\_

- Date of expiry : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Renewal No. : \_\_\_\_\_

- Valid up to : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Type of license : \_\_\_\_\_

(e) Is he/she your permanent paid driver ?  YES  NO

- If YES, since when? : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(f) Has the license ever been endorsed/suspended ?  YES  NO

- If YES, why and when ? \_\_\_\_\_

(g) State whether,

- The driver has ever been prosecuted for driving offences :  YES  NO

If YES, give details : \_\_\_\_\_

- The driver has been involved in any accidents previously :  YES  NO

If YES, give details : \_\_\_\_\_

- The driver has ever been refused motor vehicle insurance :  YES  NO

(h) How long has he/she been driving motor vehicles ? \_\_\_\_\_ years

(i) Has the driver had any other insurance of his own ?  YES  NO(i) Was he/she sober at the time of accident ?  YES  NO**(3) The accident (Damage, Fire, Theft)**

(a) Date of Occurrence : \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ (b) Time : \_\_\_\_\_ h \_\_\_\_\_ mins

(c) Place, (Road / Street / City / District) : \_\_\_\_\_

(d) Were you in the vehicle at the time of accident ?  YES  NO

(e) If NO, when was it reported to you ? \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ Time : \_\_\_\_\_ h \_\_\_\_\_ mins

(f) On what side of the road was your vehicle ? \_\_\_\_\_ How far from the kerb : \_\_\_\_\_ meters

(g) What was the width of the road ? \_\_\_\_\_ meters

What speed was the vehicle been driven ? (h) Before the accident : \_\_\_\_\_ km/h

(i) At the time of accident : \_\_\_\_\_ km/h

(j) In case of theft please state,

- Was the vehicle properly locked ?  YES  NO- Was it fitted with any anti-theft devices ?  YES  NO

- If YES, give details of such devices ? \_\_\_\_\_

(k) Please give full details of the nature and cause of the accident / theft / fire :

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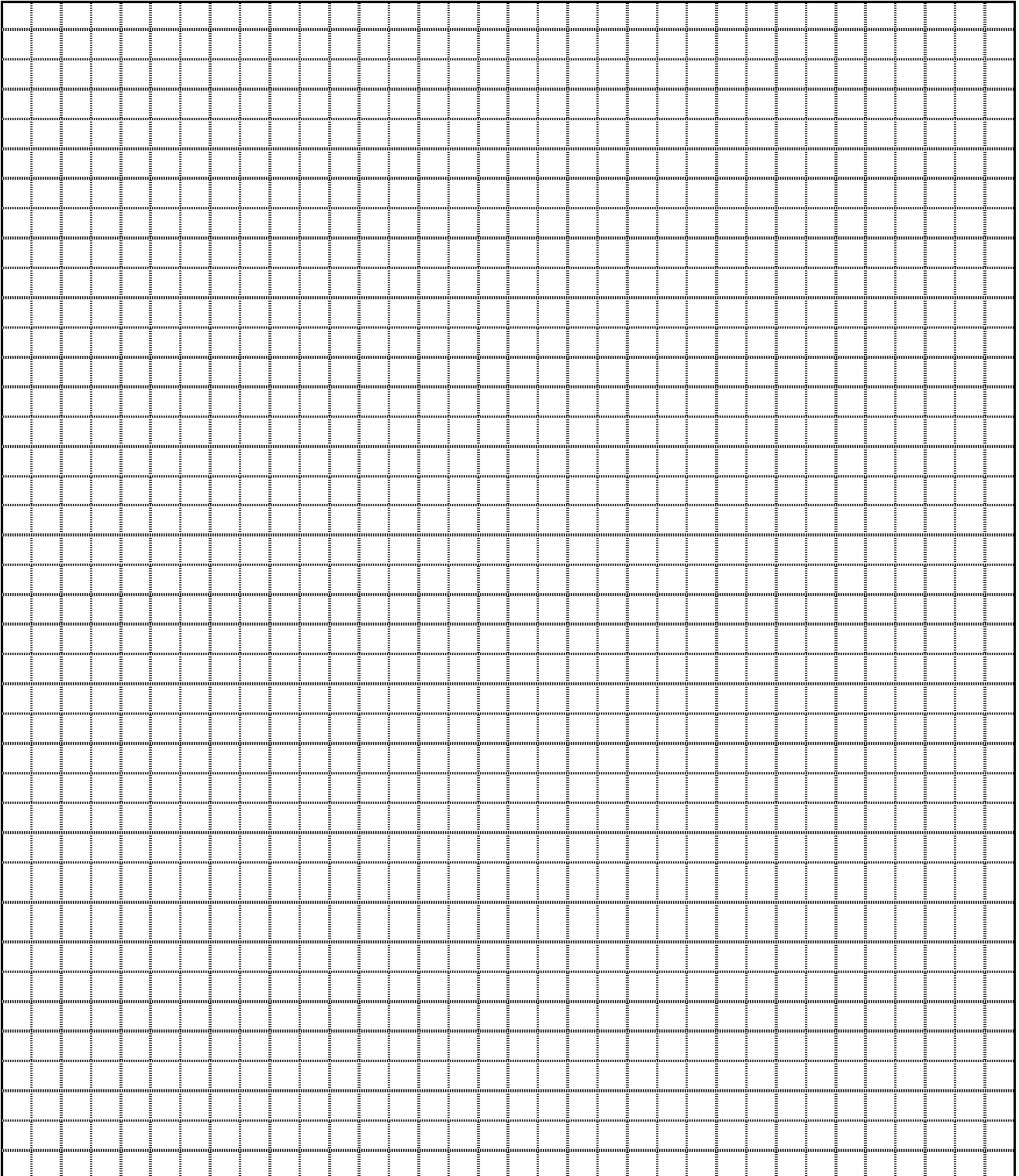
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(l) Please draw a rough sketch plan of the scene of the accident :



#### (4) The damage

(a) Give in details the extent of all damage to the insured vehicle directly due to the accident :

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(b) Estimated cost of repairs : \_\_\_\_\_ Currency : \_\_\_\_\_

(c) Where can the vehicle be inspected ? : \_\_\_\_\_

(d) Have you given instructions for repairs to be carried out ?  YES  NO

- If YES, to whom (name and address) ? \_\_\_\_\_

(e) Have you instructed them to send an estimate to the company immediately ?  YES  NO

#### **IMPORTANT :**

If possible an estimate of repairs should be attached to this form and in any event it must be sent to the company without undue delay.

#### (5) The Results

(a) Has the accident caused any injury to any person or persons ?  YES  NO

- If YES, give the following particulars :

Full name	Address	Occupation	Nature of injuries	Was conveyed in the vehicle
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

(b) If any injured person has been removed to a hospital or medically attended, give name and address of hospital or doctor : \_\_\_\_\_

(c) Did the accident cause damage to property or livestock ?  YES  NO

- If YES, give name and address of the owner stating nature and extent of the damage : \_\_\_\_\_

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**(6) General**

(a) Has any claim been made upon you by any third party ?  YES  NO  
- If YES, give details and attach the information : \_\_\_\_\_

**IMPORTANT :**

Any notice, write or summons received from third party must be immediately communicated to the company at the foregoing address.

(b) If accident involves third party, give name and address of : \_\_\_\_\_

i. Name of the insurance company : \_\_\_\_\_

ii. Registration N° of Motor Vehicle : \_\_\_\_\_

iii. Certificate N° : \_\_\_\_\_

iv. Insurance policy N° : \_\_\_\_\_

v. Full name of the driver : \_\_\_\_\_

(c) How many persons were in the vehicle at the time of accident ? \_\_\_\_\_ person(s)

(d) Give the following particulars about all witnesses of the accident

Full name	Complete address	Was he/she in the vehicle
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

(e) Was the matter reported to the police ?  YES  NO

- If YES, give the name of the Police Station, the date of reporting and the telephone N° (if available) : \_\_\_\_\_

(f) What action, if any has been or is being taken by the Police or any other authority : \_\_\_\_\_

(g) Give particulars of other insurance on the vehicle, if any : \_\_\_\_\_

- (h) Have you paid the premium under this policy ?  YES  NO
- (i) Whether you have ever before lodged a claim under this policy and/or any motor vehicle policy ?  YES  NO

- If YES, give particulars : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/we agree that if I/we have made, or in any further declaration the Company require of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the Policy shall be void and all rights recover thereunder in respect of past or future accident shall be forfeited.

Date : \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Witness

Fullname : \_\_\_\_\_

Address of witness : \_\_\_\_\_

Signature of the insured : \_\_\_\_\_

Where necessary, the insured's official stamp must be used

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