

Claim Form

Motor Vehicle



Please answer all questions and submit form without delay

Name of insured :			
Address :			
Title : Mr/Mrs/Ms/Dr Other:	Sex: Male/Female	Marital Status :	
Email Address :			
Tel No Res :	Off :	Mob :	Fax :
Date of Birth :		National Identity Card :	
VAT Status :		VAT Reg. No. :	
Your Bank's Name :		IBAN :	
Vehicle Registration No. :	Engine Rating :	cc	
Make :	Model :		
Is there any financial lien on insured vehicle?			
Driver's Name :			
Address :			
Email (Home) :		(Office) :	
Telephone No. :	Mobile :	Age :	
Was the driver, according to licencing laws in Mauritius, authorised to drive insured vehicle? (Yes / No)			
Date of issue of driver's licence :			
Did the driver have permission to drive the insured vehicle? (Yes / No)			
Date of accident :		Time :	
Place :			
Number of accidents in which driver has been involved prior to this one :			
Does he/she suffer from any physical defect or infirmity?			
Was he/she employed by the insured? (Yes / No)			
For what purpose was the vehicle being used at the time of the accident?			
Approximate speed of the vehicle at the time of the accident?			
No. of persons in insured vehicle :		(Driver +	others)
Where is the vehicle now?		(In use/other	others)

Particulars of independent witnesses to the accident	(Name & Address & Tel. No.)
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At which police station was the accident reported?
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In your opinion who is responsible for the accident?	(Insured /Third party)
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Has the third party admitted responsibility at the police station? (Yes / No)

Particulars of other vehicles :

Vehicle (s) No(s) :	Make(s) :
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Owner's Name(s) :	Email :
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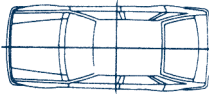
Address :	Tel. No(s) :
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Insurer(s)

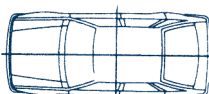
Full description of accident (How did it happen) ?
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Sketch

Particulars of damage to insured vehicle :
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Show damaged parts


Particulars of damage to third party vehicles and/or property :

Show damaged parts


➤ **Injury**

Particulars of all injured persons (name, address and nature of injury) in insured vehicle

Insured vehicle : (name, address and nature of injury)

Third party vehicle(s) : (name, address and nature of injury)

Damaged objects (wall, gate, guardrail, etc.) :

Others :

State if any of the above persons are members of insured's / driver's family or employed by the insured / driver.

➤ **Data Protection**

Cim Insurance Ltd is registered as Data Controller under the Data Protection Act 2004 (Act). In the performance of its business, all the personal data collected and processed (including the sensitive data) will be treated in strictest confidence. We will use our best efforts to ensure that data is accurate, complete, current and reliable for its intended use.

Supply of information in the form is mandatory. To this end, the use of personal information may include sharing the information with other persons or bodies, such as our intermediaries, other insurance companies, surveyors, investigative agents, reinsurers, actuaries, regulatory institutions, fraud and money laundering investigating institutions, whether in Mauritius or another country.

The personal data provided may be used for data sharing by Cim Insurance Ltd with other Cim Group companies to advise of, offer and supply other goods and services, or for other marketing purposes in a way that is compatible with Data Protection and Privacy Policy (Privacy Policy). It will not however, be presented to a third party (unless otherwise stated in the form or required by law) without your specific authorisation to do so. This exercise excludes the sensitive data.

By signing the form, you are agreeing that your personal data may be processed in the manner hereinabove described. If at any time subsequent changes occur to your personal data or you have any enquiry relating to our Privacy Policy, you can send them in writing to our Compliance Manager.

I/We hereby declare that the above statements and facts are true and correct and that I/We have not withheld from the Company any information within my/our knowledge connected with the accident. I/We realise that concealment or non-disclosure of any information may render this claim null and void.

Date :..... Signature of Owner/Driver :.....

P.S: May we remind you that, as per the conditions of your insurance, you must submit all documents that may come into your possession concerning this claim.

Supplementary Information

Empty box for Supplementary Information.