

Policy number	Insurer
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1 Insured

Name and occupation			
Physical address			
Identity/Passport number			
Contact details	Business	Email	Cell

2 Vehicle

Make	Kilometers completed
Registration	Chassis/VIN number
Model and year	Date purchased
State date and cost for any previous accident sustained during the past three years	
Purpose which car was used for	

3 Damage

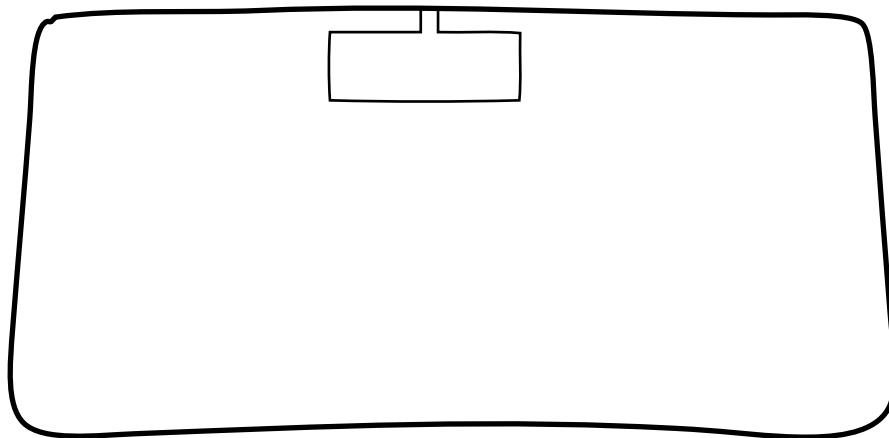
Is it immediate or future replacement required

Description of damage

Estimate for repairs or attach quotation

Repairer's name

Address Tel



4 Driver

Full name

Residential address

..... Contact numbers

Occupation

Identity/passport number

Age

Please attach an enlarged clear copy of driver's license

5 Premises Breakage (Non motor)

The premises address

Nature of occupation of premises at the time of damage

How did the damage occur

Name and address of person responsible for the damage

Have you informed him/her that you holding him/her liable

The breakage date

What is the estimate cost to

Boarding up: **M**

Signwriting: **M**

Damage to frames: **M**

Burglar alarm: **M**

Contents of display window: **M**

Size of broken glass:

Have you given instructions for the replacement of the glass? **Yes/No**

if **Yes** to whom

Do you have any other Insurance Policy that may cover either part or all of this claim? **Yes/No**

if **Yes** give details

6 Declaration

I/We hereby declare the foregoing particulars to be true in every respect

Signature of driver

Capacity

Signature of insured

Capacity

Date

TIB Insurance Brokers
307 C Cenez Road, Maseru
Tel: +266 2231 6556 **Fax:** +266 2231 0602
Email: info@tib.co.ls **Web:** www.tib.co.ls