

1. POLICY COVER DETAILS (copy of policy certificate and vehicle registration documents are required)

Insured Name			
E-mail	Telephone	Cell/fax No.	
Certificate/Policy No.	Date of Issue		
Vehicle Make	Model	Registration No.	

2. DRIVER DETAILS

Full Name			
Driving Licence Code	Date of Issue	Telephone	

3. ACCIDENT DETAILS

Date of Accident	Place		
Police Station	Case Number	Traffic Officer's Name	
Details of Damage/Injuries		Traffic Officer's Contact Details	

4. PASSENGERS DETAILS

Full Name	Age
Full Name	Age

5. BRIEF DESCRIPTION OF THE ACCIDENT

SKETCH OF ACCIDENT:

6. THIRD PARTY DETAILS

Full Name			
E-mail	Telephone	Cell/fax No.	
Vehicle Make	Model	Registration No.	

7. WHO WAS AT FAULT AND WHY?

8. WITNESSES

Full Name	Telephone	Cell/fax No.
Full Name	Telephone	Cell/fax No.

THIS DOCUMENT MUST BE COMPLETED IN FULL AND SIGNED BY THE INSURED OR DRIVER

DECLARATION:

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

Signature of Driver/Insured _____

Date _____

CONTACT US:

Office Hours: 00258 21 486 612
 After Hours: 00258 84 967 3468

After Hours: 00258 84 302 1535
 Email: claims@iceafrica.com

www.iceafrica.com