



because it matters

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## MOTOR ACCIDENT CLAIM FORM

### Declaration

I/We warrant the truth of the answers to the question below and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the stated occurrence. By submitting this claim I declare herewith that I am the Insured in terms of this policy.

Policy No:..... Claim No:.....

Insurer:.....

Name of Insured or Company Name and Postal Address:

Phone Number – Work & Cellphone Number:

### THE VEHICLE:

Make:..... Model:.....

Year of Manufacture:..... Registration No:.....

For what purpose was the vehicle being used at the time of accident:.....

Name and address of title holder if the vehicle is subject of a hire purchase agreement or similar agreement:  
.....

Address where the vehicle may be seen:.....

Estimated costs of repairs:.....

Have instructions for repairs been given:.....

**COPY OF REGISTRATION DOCUMENT TO BE ATTACHED**

### THE DRIVER AT TIME OF ACCIDENT:

Name:..... Address:.....

ID No:..... Contact No:.....

Licence Code:..... Date issued:.....


Limitations:..... Was the driver sober:.....

Was a blood sample taken after the accident:..... Results:.....

**COPY OF DRIVER'S LICENCE TO BE ATTACHED**



**SKETCH OF ACCIDENT:**



I/We certify/declare that the above information is correct.

Signed at ..... on .....

**Signature of Insured:**.....