

FBN
General Insurance
MOTOR VANDALIZATION CLAIM FORM

CLAIM NO.: _____

**THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS CLAIM
ALL COMMUNICATIONS RECEIVED IN CONNECTION WITH THIS INCIDENT MUST BE
FORWARDED TO THE COMPANY UNANSWERED: AND PLEASE DO NOT ADMIT LIABILITY
FOR THE INCIDENT ON BEHALF OF THE COMPANY**

Name: _____ Policy No. _____

Address: _____

Business or Occupation: _____ Tel. No.: _____

1. PARTICULARS OF YOUR VEHICLE

(a) Make of Vehicle: _____ Year of Manufacture (Model): _____

(b) Reg. No. _____ Engine No.: _____ Chassis No.: _____

(c) For what purpose was the vehicle being used at the time of the incident: _____

(d) No. of Passenger carried: _____ (e) Unladen Weight: _____ (f) Carrying capacity: _____

2. DETAILS OF THE INCIDENT

(a) Where did it happen: _____

(b) Date of Loss: _____ Time of Loss _____

3. PLEASE DESCRIBE IN DETAILS HOW THE INCIDENT HAPPENED

4. Where can your vehicle be inspected: _____

(b) What is the extent of damage to the vehicle (list the items/parts vandalized below):

(i) _____ (ii) _____

(iii) _____ (iv) _____

(v) _____ (vi) _____

(vii) _____ (viii) _____

(ix) _____ (x) _____

5. Name and address of people injured

(i) _____

(ii) _____

(iii) _____

(iv) _____

6. Has any claim been made on you? _____ (a) If so, by whom? _____
(b) Did the Police (i) witness the incident? _____ (ii) Take particulars? _____
(c) At what Police Station was the report made? _____

7. **NAME AND ADDRESS OF WITNESSES**

(i) Passengers in your vehicle

(ii) Others

I/WE declare that the foregoing answers are true and completed and that I/WE hold no other policy indemnifying me/us in respect of this claim. I/WE request you to deal on my/our behalf with third party claims arising herein, in accordance with the terms and conditions of the above mentioned policy, and I/WE authorize you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

Date: _____ **Insured's Signature:** _____