

## MOTOR CLAIM FORM

**POLICY NO.** .....

Type of Cover: .....

### INSURED

Name .....

Occupation: .....

Address .....

Tel. No .....

E-mail: .....

Are you VAT registered? YES / NO

### VEHICLE

Registration No.	Make & Model	cc	Category	Purpose for which the vehicle was being used at the time of the accident

In whose name is the vehicle registered? .....

### DRIVER (at the time of the accident)

Name: .....

Date of Birth: ...../...../.....

Address: (a) Home .....

Tel. No. ....

(b) Business .....

Tel. No. ....

Driving license number:..... Type:.....

Expiry Date: ...../...../.....

For how long he/she drives (a) this type of vehicle ..... (b) Other vehicles .....

Was the driver at the time of the accident (a) the owner (b) employee of the owner (c) relative or friend of the owner? (*underline as applicable*)

### ACCIDENT DETAILS

Date .....

Time ..... a.m / p.m

Place of the accident (*state name of street and town*) .....

Was the vehicle being used with the owner's consent and/or instructions? YES / NO (*if 'NO' give details*)

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What were the weather and road conditions? .....

**Briefly describe the circumstances of the accident:**

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Has the Accident Care Service been notified to attend the scene? YES / NO. If 'NO' please provide reasons

Has the Police investigated the accident YES / NO. If 'YES' state the Police Officer's No. ....

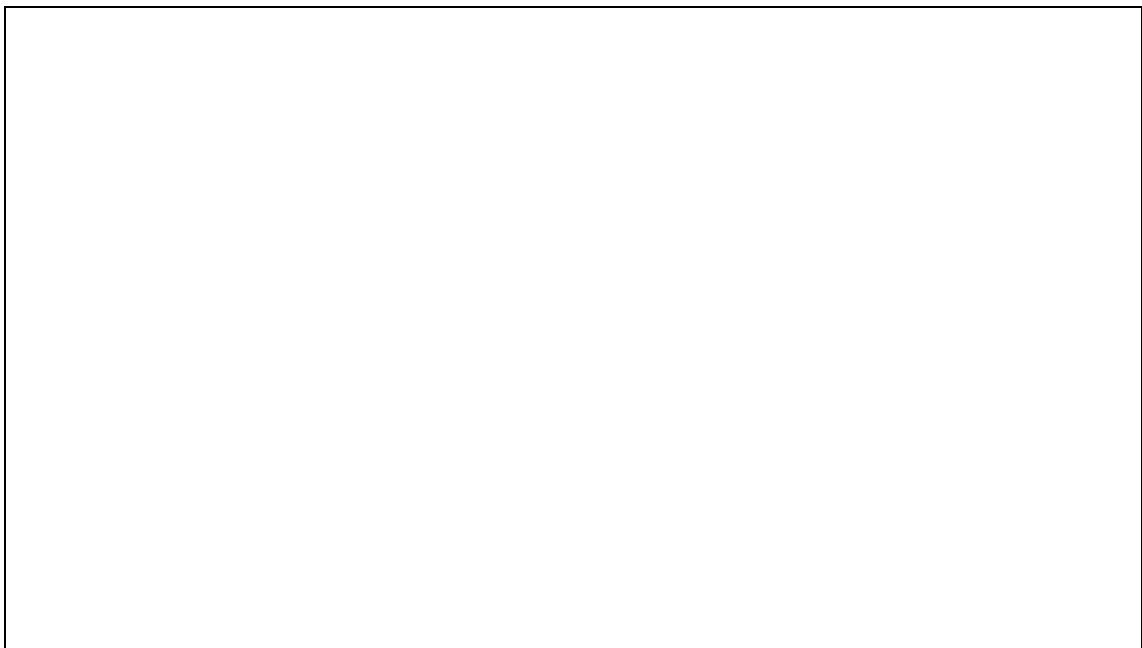
Please give the names and telephone numbers of any witnesses:

(a) Names of passengers in your vehicle .....

(b) Others .....

**SKETCH PLAN**

**Important:** Please show the direction of the vehicle(s), the point of impact with a cross, the position(s) of the vehicle(s) after the collision and any traffic signs.



**DAMAGE TO VEHICLE(S)**

Vehicle Reg. No.	Name and telephone no. of owner / driver	Where can the vehicle be inspected?	Insurance Company

**DAMAGE TO OTHER PROPERTY**

Details of property damages	Name and telephone no. of the owner	Place for inspection

**INJURIES**

Name & Age	Tel. No.	Vehicle Reg. No.	Nature of injuries	Name of the Hospital if the person was detained

**LIABILITY**

Who in your opinion is responsible for the accident and why? .....

.....

**DECLARATION**

I/We declare that the above information is true and correct to the best of my/our knowledge/belief. I/We agree that General Insurance of Cyprus Ltd (GIC) shall have full discretion, in accordance with the conditions of the policy, the conduct and settlement of all claims and litigation arising out of this accident and to which the policy applies as GIC thinks fit and without reference to me. I also undertake to render all assistance in my power to GIC in the handling of this claim.

Date: .....

Insured's signature .....  
(and stamp in case of legal entity)

Date: .....

Driver's signature .....

**Data Protection – Privacy Notice**

We collect and use personal information about you so that we can process your claim under your Policy. For more information on how we use your personal information and your rights, please refer to our Privacy Notice [at www.genikesinsurance.com.cy](http://www.genikesinsurance.com.cy). If you do not have access to the internet, please contact us and we will send you a printed copy.