

MOTOR CLAIM FORM



Registered Office: NN 28/29 Constitution Road, Kaduna
Corporate Office: 121/123 Funso Williams Avenue, Iponri,
Lagos, G.P.O Box 6437 Marina, Lagos.

POLICY NUMBER:

NAME: EMAIL:

CONTACT ADDRESS:

MOBILE NUMBER: OCCUPATION:

VEHICLE INFORMATION

MAKE/MODEL OF VEHICLE	REGISTRATION NO.	YEAR OF MAKE	ENGINE NUMBER	CHASSIS NUMBER	MILEAGE COVERED	USE OF VEHICLE (Private/Commercial)

DRIVER INFORMATION

NAME: _____ AGE: _____

CONTACT ADDRESS:	
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DRIVER'S LICENSE NO:

ISSUE DATE:

D

D

M

M

Y

Y

Y

Y

EXPIRY DATE:

D

D

M

M

Y

Y

Y

Y

LEARNER'S PERMIT?:	NO/YES:	PERMIT NO:	PERMIT DURATION:
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LOSS INFORMATION

DATE OF LOSS: TIME: LOCATION/LANDMARK:

TYPE OF LOSS: OWN DAMAGE: ☐ THEFT: ☐ FIRE: ☐ VANDALIZATION: ☐ COLLISION: ☐
 THIRD PARTY BODILY INJURY: ☐ THIRD PARTY PROPERTY DAMAGE: ☐ THIRD PARTY DEATH: ☐

LOSS DETAILS:	

Use a separate sheet if space is insufficient.

LIABLE PARTY: INSURED:		THIRD PARTY:		POLICE REPORT: NO:		YES:		Report No:
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ANY OCCUPANTS IN THE VEHICLE:	NO:	<input style="width: 100%;" type="checkbox"/>	YES:	<input style="width: 100%;" type="checkbox"/>	Please Specify:
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THIRD PARTY DETAILS

NAME: _____ MOBILE NO: _____

CONTACT ADDRESS:		TYPE OF PROPERTY/INJURY:	
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FOR VEHICLE:	MAKE & YEAR:		REGISTRATION NO:
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NAME OF INSURER:	POLICY NO:
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WITNESSES

NAME: _____ ADDRESS: _____

NAME:		ADDRESS:	
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DECLARATION

I/We declare the foregoing particulars to be true and I/We hereby authorize LEADWAY ASSURANCE COMPANY and/or their Legal Representative to deal with all matters from this accident at their discretion and if they deem it expedient to admit liability and/or negligence on the part of myself/our servants or Agents.

SIGNATURE OF INSURED: _____

DATE:

D	D	M	M	Y	Y	Y	Y
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SIGNATURE OF DRIVER: _____

DATE:

D	D	M	M	Y	Y	Y	Y
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