



Of Swaziland Assurance Company Ltd.

P.O. Box A113 Swazi Plaza – Corporate Place, Mbabane H101, Swaziland
 Email: info@phoenixswaziland.com

MOTOR TRADERS CLAIM FORM

(1) BROKER DETAILS

Name	
Address	
Telephone No	
Fax Number	
Email Address	

(2) POLICYHOLDER DETAILS

Policy Holder	
Policy Number	
Contact	
Address	
Telephone	
Email	
Mobile	

(3) ROAD RISKS / MOTOR ACCIDENT DETAILS

MATERIAL DAMAGE DETAILS

Date		Date	
Time		Time	
Place of Incident:		Place of Incident	
Driver Details – Name & Address		How did it happen, i.e. fire, theft, storm:	
Is the driver the owner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the damage to you property:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO who is		If YES please state briefly the circumstances:	
Make & Model		Are you insured under another policy for loss	Yes <input type="checkbox"/> No <input type="checkbox"/>
Engine size:		If yes please give details:	
Name/Address of Third Party		Is there a financial interest in property	Yes <input type="checkbox"/> No <input type="checkbox"/>
TP Insurance details		Anyone Injured	If yes please give details:
If YES please advise severity:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was premises occupied at the time:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your vehicle driveable:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES by whom:	
Is everyone else's driveable:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO when was last occupied:	
If NO where is the vehicle:		Describe your damage:	Have the police been notified:
Does our driver have a full licence			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does our driver have any claims/convictions	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES please state date:	
		Police reference number:	

Is the driver employed by the policyholder	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES to what capacity	
If NO what is relation to policyholder	
Have the police been notified:	
If YES please state date:	
Police reference number:	

(4) DETAIL DAMAGED/ LOST ITEMS

Were any contents/items/tools/machinery stolen as a result of the incident: yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please advise below

(5) STOLEN ITEM/CONTENT/MACHINERY DETAILS (IF APPICABLE)

Item Detail	Approx age of Item?	Any Salvage Value?	Amount for Repair/replace	Has It Been Repaired/Replaced already?	Receipts attached/available?
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					
Totals					

(6) PHOTOS/EVIDENCE

Where any photos taken	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please send back in with claims form:	
If No, can any still be taken??	Yes <input type="checkbox"/> No <input type="checkbox"/>

(7) ADDITIONAL INFORMATION

Any Additional Information:

(8) SKETCHES/DIAGRAMS

Please add any sketches/diagrams if wish:

(9) DECLARATION

I/We hereby declare the foregoing particulars to be correct in all respects	
Signature of Policyholder:	
Status:	Date: / /