

GENERAL CLAIMS FORM

I/We, _____ ('the Insured/Beneficiary'), of _____
(Address) hereby declare that all information provided by me/us pertaining to the claim below has been wholly and honestly supplied to RIGHT OPTION GLOBAL Insurance Brokers.

I/We undertake that all documents provided supporting this claim are authentic and complete.

Full Name of the Insured _____ Policy No _____

Nature of Loss *Please tick as appropriate*

- Accidental Damage to Own Vehicle ☐
- Third Party Property Damage ☐
- Theft/Vandalization ☐
- Fire Damage ☐
- Third Party Injury/Death ☐

Date of Loss _____

Vehicle Reg. No _____

Location of Loss _____

Time of Loss _____

Narration of Loss _____

Road/weather conditions (If applicable)

Current Phone Number _____

Email _____

Driver's Details (Driver details may not be the same as the policyholder's details) - (If applicable)

Driver's Full name:

Address _____

Phone Number _____ Date of Birth _____

Driver's relationship to Insured _____ Was the vehicle being used with the Insured's consent? Yes ☐ No ☐

Does he/she hold a license? Yes ☐ No ☐ (If yes, provide a copy along with this form)

Did the Driver consume any alcohol or drugs during the last 12hrs before the accident? Yes ☐ No ☐

Who do you believe is at fault and why?

Was there any admission of responsibility for the accident? Yes ☐ No ☐

If yes, give details

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED (The
Company does not admit liability by the issue of this form)

Third Party Details (Please complete the following if other vehicles were involved or other property damaged) – (If Applicable)

Name of the Third Party vehicle owner/Driver

Vehicle Make/Model _____ Vehicle Reg No

Describe the damage to third party Vehicle/Property

Phone Number _____ Email

Insurance details (Provide evidence/certificate)

Home/office address

Witnesses, including all your passengers (Use additional sheets where necessary)

Witness 1

Name _____ Mobile No

Address _____

Where was the witness when the accident occurred?

Witness 2

Name _____ Mobile No

Address _____

Where was the witness when the accident occurred?

I/We declare the above information to be true and I/We hereby authorize **RIGHT OPTION GLOBAL Insurance Brokers** and /or their Legal representatives to deal with all matters arising from this loss at their discretion and if they deem it expedient, to admit liability and/or negligence on the part of myself/our servant or Agents.

Signature of Insured _____ Date _____

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED (The
Company does not admit liability by the issue of this form)

