

**FORM 2
CLAIM LODGEMENT FORM**

SECTION A: DETAILS OF CLAIMANT/ VICTIM

1. Select what type of claim you want to claim for:

(a) Injured (b) Deceased

2. Details of Victim:

(a) Name of Injured/ Deceased:

(b) Age: (1) 0 - 18 years (Infant) (2) 19 years and above (Adult)

3. Details of Claimant:

(a) Full name of Claimant:

(b) Relationship to the Injured/ Deceased/ Self:

(c) Do you have a Bank Account? Yes No

(d) Claimant valid
ID photo



4. Contact Details of Claimant:

(a) Postal Address:

(b) Email Address:

(c) Telephone No: (d) Mobile No:

SECTION B: ACCIDENT DETAILS

(1) Date of Accident: / / (2) Vehicle Registration Number:

(3) Location of Accident:

(a) Village: (c) District:

(b) Town: (d) Province:

SECTION C: SUPPORTING DOCUMENTS

NOTE: PLEASE SUPPLY CLEAR COPY OF THE FOLLOWING DOCUMENTS WITH THIS FORM

- Police Report
- Medical Report
- Vehicle Registration Copy
- Vehicle Owner's Valid ID Copy
- Initial Treatment Note (ITN)/ Clinic Book Copy
- Death Certificate - if it is a deceased claim
- Photographs (If available)

SECTION D: DECLARATION

I confirm that the above information are true to the best of my knowledge.

Full name of Claimant:

Signature Date of Lodgement: / /

