



**AUREOL INSURANCE COMPANY LIMITED**  
 KISSY HOUSE, 54 SIAKA STENENS STREET, P O BOX 647, FREETOWN  
 Tele: 223435/223441  
 DIRECT LINE – CLAIMS +232 79 124 921

**MOTOR FIRE & THEFT CLAIM FORM**

The issue of this form is not to be considered as an admission of liability on the part of the Company  
 PLEASE COMPLETE SIGN AND RETURN TO AUREOL INSURANCE COMPANY LIMITED AS SOON AS POSSIBLE

**INSURED**

Name.....Occupation.....Tel:.....  
 Address.....Email Address.....  
 Policy No.....Renewal Date.....

**INSURED VEHICLE CONCERNED IN ACCIDENT**

Make	C C	Year of Make	Type of Body	Reg. Letters And No.	For what purpose was Vehicle being used at Time of Accident

What was the vehicle used for at the time of the accident?.....

Where is the vehicle now?.....

**DRIVER**

Name in full.....Age.....

Address.....Occupation.....

Driving Licence No. ....Date of Expiry.....How long Licence held.....

State whether the person driving at time of accident is

(a) the owner:                      (b) his employee;                      (c) relative or friend?.....

If employee, how long has he been in the employment? .....

If owner was not driving – state whether the person driving at the time of the theft or fire incident owns a vehicle himself.....

If so, state name and address of Insurers.....

Has he/she ever been convicted of any motoring offence.....

**THEFT OR FIRE DETAILS:**

Date, Time & Place of Theft Date...../Time.....AM( ) PM( ).....

Date & Time somebody was last with the vehicle Date...../Time.....AM( ) PM( )

Where was the vehicle at the time of the fire or theft?.....

Was the vehicle locked?.....

Was the alarm on?.....

What other security measures were being used (for example, Immobilizer?.....

Please give details of the police station and the police you reported this matter to.

- Name of police officer you spoke to.....
- Station address/Telephone number.....

.....  
 .....

