



AUREOL INSURANCE COMPANY LIMITED
 KISSY HOUSE, 54 SIAKA STENENS STREET, P O BOX 647, FREETOWN
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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.....

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- What was the vehicle's mileage at the time of the loss?.....
- Where were the vehicles keys at the date and time of the loss?.....
- If you are claiming for fire damage, did the fire brigade come out to the vehicle? **Yes** () **No** () Give details below.....
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.....
.....

Name of the fire brigade station:.....
 Name telephone No. of the fire brigade officer.....

- Please describe exactly what happened.....
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.....

UNRECOVERED VEHICLE

Date of first registration as new or used vehicle..... Colour.....
 Engine number..... Chassis number.....

In the space below list any extra features fitted to the vehicle.....

In the space below list any major parts which have been renewed in the last 12 months and attach invoices where possible.....

Please give details of any accessories stolen from the vehicle, including the age and value of that property.....

I/, We hereby declared that to the best of my/our knowledge and belief the foregoing particulars are true and correct in every respect, and I/.We undertake to render the Company every assistance in dealing with this matter.

Date.....20.....Signature of Insured.....