

MOTOR CLAIM FORM



NAGICO Building • C.A. Cannegieter Street, Philipsburg
St. Maarten, N.A.

Name of Insured: _____
Address: _____
Tel.: _____

Claim No.:	_____
Policy No.	_____
Passed for Payment:	_____
Amount \$	_____
Date Paid	_____

Motor #	Reg. #	Make & Year	Seating Capacity	Type of Insurance

DETAILS OF ACCIDENT OR LOSS

Date and time of Accident/Loss: _____
Location: _____
What side of the road was the vehicle: _____
 Before the Accident: _____
 After the Accident: _____
What was the condition of the Road: _____
Was a Policeman there after the Accident? _____
If so give name and number: _____
When was the accident reported? _____
Where was the Vehicle at the moment? _____
For what purpose was the Vehicle being used? _____

DETAILS OF DRIVER

Name: _____
Relationship (Friend, Employee, Relative): _____
Address: _____
Age: _____ Lic. # _____ Type: _____
Date of Issue: _____ Date of Expiration: _____
Driving experience: _____

Was He/She Permitted to drive?: _____

OWN DAMAGE

Was your Vehicle Damaged? _____

Give Details: _____

What was your estimate of the Damage: _____

Deductible \$: _____

THIRD PARTY DAMAGE

If a Vehicle , give Make, Year, Reg. No.: _____

What is your estimate for repairs? \$ _____

Name and Address of owner: _____

Tel.: _____

Where is the Vehicle at the moment? _____

Insured at: _____

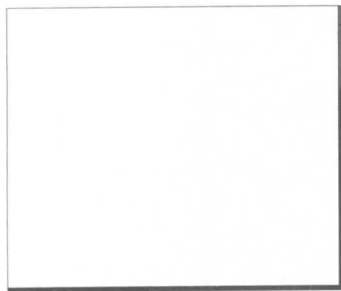
Driver's License: _____

For what purpose was the Vehicle Insured?: _____

PERSONS INJURED

NAME	AGE	ADDRESS	PEDESTRIAN	PASS. IN PH'S CAR	PASS. IN OTHER CAR	EXTENT OF INJURY

SKETCH PLAN OF THE SCENE OF THE ACCIDENT



NORTH

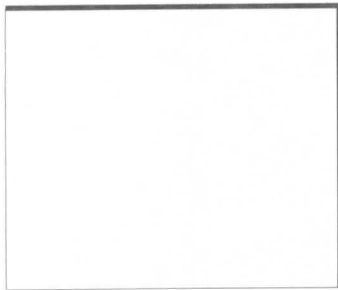


1. Show clearly the position of the cars at the time of accident.

2. Shade the area where there is no road.

WEST

EAST



SOUTH



Was a written notice sent to the Policy Holder? If yes, state Date, Name and Address of Lawyer:

GENERAL REMARKS

I/We declare that the above particulars are true to the best of my/our knowledge and belief.

Date this _____

Signature

