



GUARANTY TRUST ASSURANCE PLC

RC 133276

Head Office: Plot 928A, Bishop Aboyade Close, Victoria Island, Lagos Tel.: 01-2701560-5 Fax 01- 4613284

POLICY NO _____

1. MOTOR THEFT/FIRE REPORT FORM

(a)	Name of Insured _____
(b)	Address _____
(c)	Occupation _____
(d)	Mobile phone _____
(e)	Telephone no _____

2. VEHICLE PARTICULARS

MAKE	REG. NO.	ENG. NO.	CHASSIS NO.	PURPOSE BEING USED

3. PERSON INCHARGE OF VEHICLE AT THE TIME OF FIRE/THEFT INCIDENT

- (a) Name _____ Age _____
- (b) Address _____
- (c) Was the vehicle used with your permission _____
- (d) For what purpose was it used at the time of loss? _____
- (e) Are there other Insurance cover on the vehicle? _____
- (f) If so, give policy Nos and Name of Insurers _____

4. PARTICULARS OF THEFT/FIRE INCIDENT

- (a) Date _____ Time _____
- (b) Who discovered the loss _____
- (c) Exact location of the incident _____ Cause of fire _____
- (d) Is there any fire extinguisher in the vehicle at time of loss? _____
- (e) Did Fire Brigade attend? _____ If so, which station _____
- (f) Address of Police Station theft was reported _____

5. FULL DESCRIPTION OF THEFT/FIRE

6. Who do you suspect for the loss? _____

7. (A) WITNESS

(b) Occupants of your vehicle

Name	Address	Name	Address

8. DAMAGE TO INSURED'S VEHICLE

(i) Full details of damaged parts _____

(ii) Present location of vehicle _____

(iii) Rough estimate of repairs _____

(iv) Repairers Name and Address _____

9. THIRD PARTIES INVOLVED IN THE FIRE INCIDENT: full details of other third parties involved may be on separate sheet

(i) Name _____

(b) Address _____

© Type of property/injury _____

(d) If vehicle, (i) Make _____ Reg. No. _____

(e) Present Location of vehicle _____

(f) Is owner Insured _____.(ii) If Yes; policy No. _____

(g) Name and address of Insurer _____

If notice of Third party claim has been given verbally or in writing, please give full particulars

IF ANY WRITTEN COMMUNICATION IS RECEIVED, PLEASE FORWARD IT IMMEDIATELY UNANSWERED

9. DECLARATION

I/We declare the foregoing to be true and I/We hereby authorise **GUARANTY TRUST ASSURANCE LIMITED** and /or their Legal representatives to deal with all matters arising from this accident 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 DRIVER _____ DATE _____

SIGNATURE OF INSURED _____ DATE _____

(If Limited Company give status of signatory)

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