

ANNEXURE I

CLAIM FORMS

a) Motor

1. POLICY HOLDER DETAILS

Policy No.....Cover note No.....
Period of insurance: from.....to:.....
Name of the insured.....
Business/Occupation:.....
Telephone No:.....
Insured's email address:.....
Physical address:.....

2. DRIVER DETAILS

Name of driver:.....
Date of Birth.....
License no.....
Date obtained:.....
Was he / she in any way to blame for the accident ?
Did he / she admit liability ?
Does he / she own a Motor vehicle ?

3. VEHICLE DETAILS

Make:.....Year:.....
Reg No:.....Engine No:.....
Chassis No:.....Colour:.....
Are you the sole owner of the vehicle? Yes Yes No
If not, name of other interested parties/Financiers:.....

Name and address of owner Page 4.

COMMERCIAL VEHICLES

Description of goods being carried

Name and owner of goods

Was the trailer attached?

5. LOSS /DAMAGE/THEFT DETAILS

Date & Time..... Speed:

Place:.....

Type of road surface

Purpose for which the vehicle was being used at the time of accident:.....

If only parts were stolen from the vehicle, please give full details:.....

Was the accident reported to the police? YES NO

Date reported.....

Time reported:.....

Did the Police visit the scene of the accident? YES NO

Name of police officer:..... Identity No.....

Name of police station.....

Please advise the current location of the damaged vehicle for inspection purposes and state whether mobile.....

6. STATEMENT BY DRIVER

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7. STATEMENT BY INSURED

.....

8. Draw a sketch stating the approximate measurement(s) showing positions of vehicle(s) and person(s) involved. Also state the direction in which they were travelling. (include type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information where possible).

SKETCH

Mark the damaged areas relating to the accident.

Was there at the time of the occurrence any other existing insurance effected by you or any other persons on the property for which this claim is made. If so, please give details.....

PARTICULARS OF THE CLAIM TO BE GIVEN IN DETAIL

In respect of building claims, tradesmen’s estimates should be furnished before instructions are given for the work to be put in hand. If decorations are involved, please indicate when they were last renewed.

Any damaged property should not be disposed of until permission is given by the Company.

1 Particulars of each building or article in respect of which this claim is made	2 Date purchased or received	3 Name and address of person from whom article was purchased or by whom presented	4 Original cost price Tshs		5 Value at the time of the loss after allowing for age and wear Tshs		6 Amount claimed after allowing for value of the salvage Tshs	
Total amount claimed								

c) Personal Accident

Policy No			
Name of Insured			
Address			
Designation			
Type of work (describe duties in full)			
Basic salary/earnings (per annum) :	Date of accident		
	Time		
Place of Accident			
1 How did the accident occur?			
2 What were you doing?			
3 Was it fatal?	Yes	No	If not fatal, what are the apparent injuries?
Head			

Arm

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Legs

--

Trunk

--

Hips

--

Hand

--

Ribs

--

Have the above part(s) been injured previously

Yes	No	
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5 How long have you been totally Disabled/partially disabled?

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6 Have you now resumed you employment/ Duties? When?

Yes	No	
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7 How long have you been bed Ridden?

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8 How long have you been confined to your house?

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9 To which hospital were you admitted?

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10 Were you operated on?

Yes		No	
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11 Name and address of doctor who operated on you:

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12 Is he your usual doctor?

Yes		No	
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13 Name and address of doctor treating you:

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Have you undergone medical or surgical treatment during the past five years?

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If yes, give particulars:

Yes		No	
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14 Name and address of any witnesses

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15 Are you insured for personal accident with any other company?

Yes		No	
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If yes, give name/address of branch

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16 Do you hold a life policy?

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If yes, give name and address of insuring company

d) Fidelity Guarantee

NB: The issue of this form does not confirm admission of liability on the part of MGen Tanzania Limited

Name of Insured:.....

Full address.....

Telephone No(s)..... Fax No(s).....

Business.....

Policy No.....

1. When was loss discovered;

2. Name(s) and Position(s) of defaulting employee(s)

(i) Name
Position

(ii) Name
Position

3. What system of check was in place to avoid such defaults?
(Attach detailed report)

4. (a) Have police been notified? Yes/No

(b) If yes;

(i) Name of Police station

(ii) Date of notification

(iii) Who notified Police

5. State period during which the default took place;.....

6. What is estimated amount of loss?

7. (a) Give full details of how this amount a)
has been calculated; (Attach a schedule)

(b) Has amount of loss been certified
By Accountants or Auditors? b) Yes/No

(c) If yes, attach the Accountants/
Auditors report.

8. (a) Have the defaulters been involved in or been suspected of any previous loss? a) Yes/No
 (b) If Yes, give details b)
9. Give full description of the circumstances of the loss and how it was discovered.
 (Attach report if space available is not enough)
10. What methods were used to conceal the Defalcations?
11. What measures have you taken to prevent recurrence?
12. (a) Have any monies due to the defaulter(s) been withheld? a) Yes/No
 (b) If yes, provide details b) Salary
 Pension/ Gratuity
 Leave pay
 Other
 Total
12. (a) Do you hold any other guarantee Or Security for the employee(s) a) Yes/No
 (b) If yes, give details b)

e) Public Liability

The issue of this form does not imply admission of liability on the part of this company. All questions must answered fully – ticks and dashes are not acceptable.

Name of the Insured :

Full Address.....

Telephone No:..... Email address:.....

Business or Occupation :

Policy No:.....

<p>1. (a) When did the accident occur (b) Where did the accident occur (c) Explain fully how the accident occurred</p>	<p>1. (a) (b) (c)</p>
<p>2. Give names and addresses of witness (if any)</p>	<p>2.</p>

<p>3. (a) was the accident reported to Police (b) If yes, (i) Name the Police Station (ii) Give the date reported (iii) Name the person who reported to Police</p>	<p>3. (a) (b) (i) (ii) (iii)</p>
<p>4. (a) Were person injured? If yes, provide full details on page 2</p>	<p>(a) Yes /No</p>
<p>5. (a) Was any property damaged? If yes provide full details on schedule "A" below</p>	<p>(b) Yes/No</p>
<p>6. (a) Have you received notice of a claim (b) If yes, provide full details and attach to this form any correspondence received</p>	<p>(a) Yes/No (b)</p>
<p>7. (a) Have you admitted liability? (b) Do you think you are legally liable?</p>	<p>(a) Yes/No (b) Yes/No</p>
<p>8. (a) Are there any other insurances covering this accident? (b) If yes, give name of the Insurance Company</p>	<p>(a) Yes/No (b)</p>

ANNEXURE II

CHECK LISTS

a) Motor

INSURED

- i) COMPLETED CLAIM FORM
- ii) ORIGINAL ADMISSION OF GUILT RECEIPT
- iii) POLICE REPORT
- iv) COPY OF DRIVER 'S LICENCE
- v) PREMUIIM PAYMENT RECEIPT
- vi) COPY OF MOTOR CERTIFICATE
- vii) COPY OF CERTIFICATE OF INSURANCE
- viii) QUOTATIONS FROM APPROVED GARAGES
- ix) INSPECTION OF MOTOR VEHICLE

THIRD PARTIES

- x) COPY OF DRIVER 'S LICENCE
- xi) INSPECTION OF VEHICLE
- xii) COPY OF MOTOR INSURANCE
- xiii) COPY OF REGISTRATION CARD
- xiv) QUOTATIONS FROM GARAGE

THIRD PARTY INJURIES

- i) Letter requesting compensation
- ii) NRC
- iii) Medical Certificate
- iv) Medical receipts
- v) Proof of Income if any

b) All Risks

c) Fire

d) Fidelity Guarantee

- I CLAIM FORM
- i) CONTRACT OF EMPLOYMENT
- ii) TERMINAL BENEFITS
- iii) SYSTEM OF CHECK
- iv) POLICE REPORT
- v) DISMISAL LETTER
- vi) PROOF OF PROSECUTION
- vii) PROOF OF CONVICTION
- viii) REFERENCE LETTER FROM PREVIOUS EMPLOYER

ANY OTHER DOCUMENTS MAY BE REQUESTED AS NEEDED.

e) Personal Accident

INJURIES

- i) Full Personal Accident Claim form inclusive of Medical Certificate
- ii) Police report in respect of RTA
- iii) Pay slips for three months before accident
- iv) Letter from the Human resource stating the period when employee was off work
- v) Copy of employees

DEATH

- i) Claim Form without Medical certificate
- ii) Police report in respect of RTA
- iii) Pay slips for three months prior to death
- iv) Death Certificate
- v) Burial permit
- vi) Confirmation of death from Human Resource