

# Hollsure

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# Claim Form

Please click to select currency

USD

MT

ATTENTION: This document must be fully completed and signed by the insured or driver

## 1. Policy Cover Details (copy of policy certificate and vehicle registration documents are required)

Insured Name		E-mail	
Tel		Fax	
Certificate Number		Issued At	
Date of Issue		Period of Insurance, From	To
Vehicle Make		Model	
Registration No.			

## 2. Driver Details

Full Name		Driving License Code	
Date of Issue		Tel	

## 3. Accident Details

Date of Accident		Time	
Place		Police Station	
Case Number		Traffic Officer Name	

## 4. Brief Description of Accident


Draw a picture to describe events that occurred

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**5. Third Party Details**

Full Name		E-Mail	
Tel		Fax	
Vehicle Make		Model	
Registration No.			

**6. In Your Opinion Who is to Blame for the Accident and Why?**


**7. Witnesses**

Full Name			
Tel		Fax	
Full Name			
Tel		Fax	

**8. Legal Assist (If Applicable)**

Court Name		Case Number	
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**9. Passengers in the Insured Vehicle**

Name		Age		Contact Details	
Name		Age		Contact Details	
Name		Age		Contact Details	
Name		Age		Contact Details	

**I Confirm that the Information Given in this Form is True, Complete and Accurate**

Name (Print)		Date	
Signature			