

# 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	

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			