



INSURANCE CORPORATION OF BELIZE LIMITED

To be completed by CLAIMANT

NOTICE TO CLAIMANT: For the processing of a claim the following will be needed:

1. Photographs of the motor vehicle showing damaged areas & license plate
2. Police report
3. Invoice or estimate for repairs
4. Invoice or estimate detailing parts needed for repairs showing prices

If the car is over 5 years old, we will only pay for either used parts or after market parts (after market are parts that are not made by the manufacturer, more than likely made in Taiwan) If new parts are used, we will be taking a percentage for depreciation due to the age of the car.

Driver:		Date of Birth:		Expiry Date:	
Address:		Claimant Statement:		Phone No.	
Name & Address:		License No.			
Occupation:					
Insurers:		Type of Coverage:		Period of Coverage:	
Description of Vehicle:					
Make /Model	Year	Cyls	Reg/License No.	VIN No.	

Sketch Plan: Please show the position on the road of vehicle at point of impact and indicate direction and track immediately before accident. If possible please indicate road signs including pedestrian crossings, relative importance of roads, and direction of nearest town.

Were there any witnesses? Yes No (If Yes give names and address)

Particulars of all other parties involved:

Name Address Details of Injury of Damaged

List Below details of Claimant's property damaged:

_____	Describe below details of injuries received as a result of this accident
_____	List below all other injuries as a result of an accident for which you have received medical treatment in the past 5 years. (If additional Space is needed, Attach separate sheet)

The undersigned hereby makes claim for benefits and authorizes any physician or hospital or other person to release and furnish INSURNACE CORP. OF BELIZE LTD. Or its representative's any and all information concerning any injury, or damage to property including all estimates, surveys, consultations, or treatments and copies of all hospital or medical records that same may be included as a part of the proofs of claim submitted to the Corporation. It is understood that the furnishings of this form shall not constitute nor be considered an admission by the Corporation that there was any insurance in force, nor constitute a waiver of any of the Corporation's rights to defend.

DATE: _____ **CLAIMANT'S SIGNATURE:** _____

FOR OFFICE USE

Insured: _____ Claim #: _____ Date: _____