

MOTOR CLAIMS CHECK LIST

Completed By:

	ACCIDENT/PARTIAL THEFT:	YES	NO	COMMENT
1.	Duly completed motor accident/theft claim form			
2.	Copy of I.D (both insured and driver)			
3.	Copy of Log book copy (in the insured's name)			
4.	Copy of driver's driving license			
5.	Police abstract report			
6.	Premium fully Paid			
7.	Pictures taken at the scene of the accident (optional)			
8.	Payment of excess (where applicable)			
	TOTAL LOSS /THEFT:			
1.	Duly completed motor accident/theft claim form			
2.	Copy of I.D (both insured and driver)			
3.	Copy of Log book copy (in the insured's name)			
4.	Copy of driver's driving license			
5.	Police abstract report			
6.	Premium fully Paid			
7.	Pictures taken at the scene of the accident (optional)			
8.	Payment of excess (where applicable)			
	Upon issuance of Total loss Offer			
1.	Duly executed Discharge Voucher			
2.	Original logbook signed and in the insured's name			
3.	Original & Duplicate certificate of Insurance			
4.	Original & Duplicate spare keys			
5.	Tool kit, jack and spare wheel			
6.	Checklist for items left with the vehicle at the garage*			
7.	NTSA TIMs transfer receipt (where salvage is not retained & Theft cases)			
Note: The documents are not conclusive, assessors and investigators may require additional documentation where necessary depending with circumstance of the loss.				
	CHECKED BY.			
	SIGNATURE			
	DATE:			

WIBA ACCIDENT CLAIMS CHECK LIST

Completed By:

	INJURY CLAIM:	YES	NO	COMMENT
1	Dosh Forms –Part 1 to 4			
2.	Original medical receipts			
3.	Sick-off sheets			
4.	Police abstract report (if injuries are due to road traffic accident or assault) or P3			
5.	Premium fully Paid			
6.	Pay slips for 3 months preceding accident			
7.	Witnesses' and supervisor's Statement			
8.	Claimant's statement			
9	Medical report from attending doctor			
10.	Copy of claimant's I.D			
	DEATH CLAIM:			
1	Dosh Forms –Part 1 to 4 and 6			
2.	Copy of duly certified Death Certificate			
3.	Police abstract report (if injuries are due to road traffic accident or assault)			
4.	Premium fully Paid			
5.	Pay slips for 3 months preceding accident			
6.	Witnesses' and supervisor's Statement			
7.	Copy of claimant's ID			
8.	I.D surrender form			
9.	Burial permit			
10.	Post-mortem report			
	CHECKED BY.			
	SIGNATURE.			
	DATE:			

PROPERTY CLAIMS CHECK LIST				
Completed By:				
	FROM INSURED:	YES	NO	COMMENT
1.	Fully completed Personal Accident Claim Form			
2.	Police abstract report (where necessary)			
3.	Replacement receipt/ Proforma or Purchase invoice			
4.	Premium fully Paid			
5.	Claim documents as outlined in Claims Manual			
	FROM THIRD PARTY:			
1.	Fully completed Personal Accident Claim Form			
2.	Police abstract report			
3.	Demand letter (if applicable) & update of Register			
4.	Premium fully Paid			
Note: Documents required vary depending on the nature of claims and are subject to appointment of a loss adjuster upon considering the extent of loss where necessary.				
	CHECKED BY.			
	SIGNATURE			
	DATE:			

LEGAL CLAIMS CHECK LIST

Completed By:

	INJURY CLAIM:	YES	NO	COMMENT
1.	Fully completed Claim Form			
2.	Police abstract report			
3.	P3 Form			
4.	Premium fully Paid			
5.	From T.P Lawyer - Claimant's letter of instruction to act on their behalf & copy of claimant's ID			
6.	Initial treatment records			
7.	Demand letters from TP			
8.	Second Medical Report if required			
	DEATH CLAIM:			
1.	Fully completed Claim Form			
2.	Police abstract report			
3.	P3 Form			
4.	Premium fully Paid			
5.	From T.P Lawyer - Claimant's letter of instruction to act on their behalf & copy of claimant's ID			
6.	Proof of income			
7.	Original medical bills			
8.	Copy of duly certified Death Certificate			
	CHECKED BY.			
	SIGNATURE			
	DATE:			

PERSONAL ACCIDENT CLAIMS CHECK LIST				
Completed By:				
	INJURY CLAIM:	YES	NO	COMMENT
1.	Fully completed Personal Accident Claim Form			
2.	Police abstract report (if injuries are due to road traffic accident or assault)			
3.	Medical Certificate duly signed by doctor			
4.	Premium fully Paid			
5.	Pay slips for 3 months preceding accident			
6.	Original medical receipts			
7.	Sick-off sheets			
	DEATH CLAIM:			
1.	Fully completed Personal Accident Claim Form			
2.	Copy of duly certified Death Certificate			
3.	Police abstract report (if injuries are due to road traffic accident or assault)			
4.	Premium fully Paid			
5.	Pay slips for 3 months preceding accident			
6.	Witnesses' and supervisor's Statement			
7.	Copy of claimant's ID			
8.	I.D surrender form			
	CHECKED BY.			
	SIGNATURE			
	DATE:			

MARINE CLAIMS CHECK LIST

COMPLETED BY:

		YES	NO	COMMENT
1.	Original Bill of Lading			
2.	Original cover note			
3.	Import entry forms			
4.	Defective Package Receipt			
5.	Suppliers Invoice			
6.	Packing List			
7.	Port Examination voucher			
8.	Import Entry Form			
9.	Port Release Order			
10.	Correspondence to insured or agent on liability/			
	CHECKED BY.			
	SIGNATURE			
	DATE:			