



To the Insurance Company under the name .....  
I request indemnity for the accident that took place on .....and at ..... in the area ..... and Street .....

**I indicate briefly the following information:**

	Applicant's data	Damaging Vehicle's data
Full name		
Address		
Telephone		
Mobile Phone		
Email		
License Plate		
Brand / Type of car		
Insurance company		

**The driver who hit me has committed the following violation (mark the box with an X on the left side):**

- Started from a stop / opened the door
- Was leaving a parking area / private area / exiting a dirt road
- Was entering a parking area / private area / dirt road
- Changed lanes
- Overtake
- Swerved
- Moved in reverse
- Entered the opposite traffic lane
- Failed to stop at a red traffic light
- Violated the STOP sign
- Made a U-turn
- Other (please describe) .....

**The movement of vehicles was as follows (diagram):**

**The collision point of the vehicles was:**

Applicant's vehicle	Damaging Vehicle

**The following witnesses were present (full name, address, telephone, mobile phone):**

S/N	Full name	Address	Telephone	Mobile Phone
1.....				
2.....				

Injured people: 1.....  
2.....  
3.....

**OTHER REMARKS:** .....  
.....  
.....

In..... on.....  
(place & date)

THE APPLICANT