



**FORM C**

**Reg. 9 (2)**

**REIMBURSEMENT CLAIM**

**DETAILS OF PERSON CLAIMING REIMBURSEMENT**

a) Surname	First Name (s)
b) Claim number	Date of Accident
c) Date of birth	Place of birth
d) Omang or ID number	Passport Number
e) Residential Address:	
g) Postal Address:	
h) Telephone: _____ (H) _____ (W) Mobile _____	

I am claiming reimbursement for:

Service/Product	Service Provider	Receipt number	Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>Total amount claimed</b>			

I confirm that the items above relate to my road traffic accident injuries and these expenses are not for any pre-accidental costs or unrelated medical conditions or any other purpose.

.....  
Signature of claimant/Legal guardian

.....  
Date

.....  
Checked by

.....  
Date

.....  
Approved by:

.....  
Date