

CLAIM FORM MOTOR ACCIDENT

(1) POLICY NO. : [] EXPIRY DATE []
 Name of Insured []
 ID NO [] TIN NO. []
 (tel): [] (D.O.B): [Date of Birth]
 (email): []
 (postal): [] (code): [] (city): []
 OCCUPATION / BUSINESS []

IMPORTANT NOTICE

1. No liability under the policy is admitted by Issue of this form
2. Neither Owner nor driver must admit fault or liability for this Accident
3. Do not answer communications about this Accident, but send them to the Insurers for consideration.
4. All questions on this form must be answered
5. Repairs must not be authorised without prior authority of the Insurers.

(2) VEHICLE

Make & Model []
 HP/CC [] Year of Manufacture []
 Reg.No.(Vehicle) [] Carrying capacity : []
 Reg. No. (trailer) [] Carrying capacity : []
 Name and Address of Owner :
 Name : []
 Address []

(3) VEHICLE USE

State the exact purpose for which the vehicle was being used at the time of the accident.

[]

(4) COMMERCIAL VEHICLE

Description of goods being carried

[]
 Name of Owner of goods []

Was a trailer attached ? Yes No

Weight of load on (a) Vehicle []
 (b) Trailer(s) []

(5) THE DRIVER

Name of Driver []
 Contact Details: []
 Actual Date of Birth [] Occupation : []
 Is he employed by you? Yes No
 How long has he been in your service? []
 Was he driving with your permission? Yes No
 How long has he been driving the Motor Vehicle? []
 Was he in any way to blame for the accident? Yes No
 Did he admit liability? Yes No
 Has he had any previous accidents? Yes No
 If so, how many and approximate dates?
 []

(6) THE ACCIDENT

Date [] Time [] a.m./p.m.
 Place []
 Type of road surface []
 Visibility [] Wet or Dry? []
 What lights were showing on your vehicle? []
 What warning did your driver give? []
 Estimated speed before []
 Weather conditions []

Has he any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates

[]

Does he hold a full or provisional licence to drive this vehicle? If full, state date when driving test first passed and the License No.

[]

Does he own a Motor Vehicle?

If so, give name, address of Insurer and the Policy No.

[]

Did Police take particulars? Yes No
 If so, give Constable's number and station.

[]

To which Police Station was the accident reported?

[]

Attached copy Notice of Intended Prosecution if any

(7) PLAN OF ACCIDENT

Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were traveling. Also show type and position of traffic signs mark, pedestrian crossings and any other relevant information

(8) STATEMENT BY DRIVER

Light blue dashed-line text area for driver's statement.

(9) STATEMENT BY OWNER OR POLICY HOLDER

Light blue dashed-line text area for owner's statement.

(10) DAMAGE TO INSURED VEHICLE

State briefly apparent damage

Light blue dashed-line text area for describing damage to the insured vehicle.

(in all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Insurers an estimate for repairs)

Repair's Details :

Name, Tel No. and address :

Light blue dashed-line text area for repair details (name, tel, address).

Is the vehicle still in use? Yes No

When and where can it be inspected

Light blue dashed-line text area for inspection details.

(11) OTHER VEHICLES AND PROPERTY DAMAGE

Name and address of Owner	Reg. No.	Name of Insurer	Other property damaged

(12) PERSONS INJURED

Name and address	Relationship to the Policyholder.	If Driver or Passenger Reg.No. of Vehicle	Apparent injuries

(13) INDEPENDENT WITNESS

Name	Tel. No. and Address

PASSENGERS IN YOUR VEHICLE

Name	ATel. No. and Address

I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date : _____

Signature (Rubber stamp if corporate): _____