



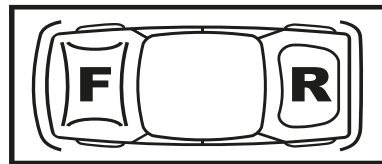
### MOTOR CLAIM FORM

Claim No.:							
<b>1. THE INSURED</b>							
Name:					VAT No.:		
Home Address:					Tel. No.:		
Business Address:					Tel. No.:		
Email Address:					Cell. No.:		
Occupation:							
<b>2. THE POLICY</b>							
						Date of Birth / ID. No:	
Policy No:			Renewal Date:			Excess applicable: \$	
Coverage:					Insured Value: \$		
Is premium paid?				If not, why not?			
<b>3. THE INSURED VEHICLE</b>							
Registration No:			Year:		C.C.		Engine No:
Make & Model:				Colour:		Chassis.:	
Is Vehicle:	Left Hand Drive:		Van:	Motor Cycle:	Truck:		Special Licence:
Exactly what was vehicle being used for?							
Name of Owner of vehicle:							
Was the vehicle being used with the owner's consent?							
Specify any mortgage/hire purchase agreement on your vehicle:							
How many passengers were being carried?					Were they fare paying?		
If goods were being carried, state:     a) Owner							
b) Description							
<b>4. THE DRIVER</b>							
Name:					Male or Female		
Home Address:					Tel. No.:		
Business Address:					Tel. No.:		
Occupation:					Date of Birth / ID. No.:		
Is the Driver employed by you?					State date licence originally passed:		
Driver's Licence No: <i>(Please attach Photocopy)</i>					Date of Issue:		
Type of Licence:					Date of Expiry:		
What is the relationship of the driver to the policyholder:							
Driver details (If different from insured)							
Name:			Address:			Cell No.:	
Has the Driver any motoring convictions/offences or licence endorsements/suspensions? (Give details)							
Has the Driver had any previous accidents? (Give details)							
Has the Driver ever been refused any type of insurance?					Has the Driver been drinking any alcohol / taking drugs?		
Does the Driver own a vehicle?			Where is it Insured?			Reg. No.:	
Has the Driver any physical infirmity, or defective vision or hearing, or lost a limb or any eye?							
If yes, what?							
<b>5. THE ACCIDENT OR LOSS</b>							
Date:		Time:		Place:			
Did the Police go to the scene?				Were measurements taken?			
Police's Name/No:				Police Station to which reported:			
Was either party warned for prosecution (If so whom)?							
Was the road surface paved or unpaved?							
Condition of road:				Weather Conditions:			
What was your speed     a) before accident				b) at the time of accident:			
Were your lights turned on?				Did you give any warning or signal?			
Whom do you consider responsible for the accident?							

**6. DAMAGE TO VEHICLE**

State damage to vehicle: (and indicate on drawing)

Point of Impact: Mark XXXX  
Direction of Impact - Use arrows



Where can vehicle be inspected?

Is vehicle still in use?

Have you obtained an estimate for repairs? (if yes please provide copy)

**7. PERSONS CONNECTED WITH THE ACCIDENT (AND PERSONAL INJURY)**

• Please provide the following information for all passengers in your vehicle:

• Name / Address:

• Tel. No.: Age:

• Nature of injuries / Where treated

• Name / Address:

• Tel. No.: Age:

• Nature of injuries / Where treated:

• Please provide the following information for other persons injured or other witnesses to the accident:  
(Whether person(s) was Driver or Passenger or Other (Pedestrian etc.)

• Name / Address:

• Tel. No.: Age:

• Nature of injuries / Where treated

• Name / Address:

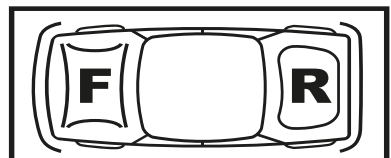
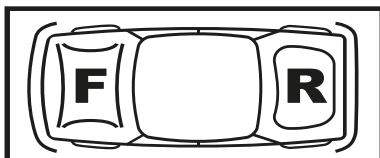
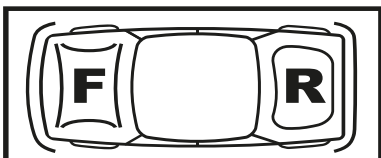
• Tel. No.: Age:

• Nature of injuries / Where treated:

**8. OTHER VEHICLE OR PROPERTY CONNECTED WITH THE ACCIDENT**

PARTICULARS	VEHICLE 1	VEHICLE 2	VEHICLE 3
Registration No.:			
Make & Model:			
Name of Owner:			
Address:			
Name of Insurer:			
Driver's Name:			
ID. No. D.O.B.			
Address			
Name of Insurer:			
Occupation:			
Tel. No.:			
Description of Damage:			
Description of Damage to other Property			
Name of Owner:			

Point of impact: Mark XXXX Direction of impact - Use arrows



Kindly indicate by ticking the appropriate box, whether this report is only a notification or additionally, if you propose claiming under the policy.

**ALL COMMUNICATIONS ABOUT THE ACCIDENT MUST BE IMMEDIATELY FORWARDED TO THE COMPANY.**

I/We hereby declare that to the best of my/our knowledge and belief, the foregoing statements are fully and truly made.

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_



DIAGRAM OF ACCIDENT

