

Agency Policy#
Sum Insured Excess
Premium PaidReceipt No

## MOTOR VEHICLE CLAIM FORM

The issue of this form on receipt of notice of accident is not an admission of liability and it is issued without prejudice. No liability is to be admitted to a third party. No repairs are to be done without the permission of the Company.

A. Insured & Registered Owner	INSURED INSURED ADDRESS VEHICLE REGISTRATION #				
<b>B.</b> Particulars Of Driver	Name in Full	Date of Expiry			
	Please state (giving full particulars)  1. if the vehicle was being driven with Yes No	the owners knowledge & consent			
	2. If the driver is the OWNER/EMPLOYEE/RELATION/ FRIEND (cross whichever is not applicable)				
	3. If the driver owns his own vehicle Yes No (and the name of his Insurance Company re				
	4. Was a breathalyzer test required? Y		t?		
C. Details of l	2. Is it in a fit condition to drive?				
	3. Amount of estimate for repairs (attach quote if possible)				
	4. Where and when can it be inspected?				
	5. Where do you want your vehicle to be				
Nan	D. Details of Damages or injuries to third party  Names & Addresses Property Damage Injuries				
••••	1. Please give details of any claim made	on you			
	<ul><li>2. Did you or your driver admit liability</li><li>3. Did the other party admit responsibili</li><li>4. Vehicle registration Number of the ot</li><li>5. Is the other vehicle insured? If yes, st</li></ul>	?ty?her party (s)			

E. Details of Witnesses	Please give names and addresses of all witnesses.  Passengers in your vehicle a)
F. Particula	ars of Accident
	1. Date
Please d	
	a) Where you had been and where you were going
	b) Your speed just prior to impactk.p.hk.p.h
	c) The other parties speed just prior to impactk.p.hk.p.h
	d) Your reasons for thinking the other party was to blame (if so)
	e) The name and address of that other person
	f) The other vehicle – i) Registration Number.
	ii) Make iii) Model
	g) Was that other vehicle insured? (If yes, please state name of Insurance Company)
	3. General description of accident
G. Sketch Plan	1. Please show road measurements and the positions of the parties and the course taken by them leading up to accident.
	I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/we agree that if I/we have made, or in any further declaration of the Company require in respect of the said accident, shall make any false or fraudulent statements or any suppression or concealment of Policy shall be void and all rights to recover there under in respect of past or further accident shall be forfeited.
	Signature of Insured
	Date: