



## MOTOR VEHICLE CLAIM FORM

Agency .....	Claim No.....
Policy No .....	Due.....
Sum Insured .....	Excess.....
Noted on proposal.....	
Premium Paid .....	Receipt No.....

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 &            INSURED ..... CONTACT NAME.....

CONTACT NUMBER.....SUM INSURED..... EXCESS .....

Registered            INSURED ADDRESS .....  
Owner .....

OTHER INTERESTED PARTY OR BILL OF SALE HOLDER .....

**B.**  
VEHICLE

Make & Type Of Body	Year of Model	Engine No.	Registration No	Purpose used at Time of accident	Insured's Occupation

Is the Warrant of Fitness Current    Yes     No     If No, Why .....

Other insurance    Yes     No     If Yes, Details .....

**C.**  
Particulars            Name in Full..... Date of Birth.....  
Of                        Address .....

Driver                License No..... Date of Expiry..... Date First Licensed.....  
                             License Issued by..... For Vehicle Classes .....

**Please state (giving full particulars)**

1. if the vehicle was being driven with the owners knowledge & consent

Yes     No  .....

2. If the drivers license has been endorsed to suspend

Yes            No  (When & Why).....

3. If the driver is the OWNER/EMPLOYEE/RELATION/ FRIEND (cross whichever is not applicable)

4. If the driver owns his own vehicle Yes     No  ( and the name of his Insurance Company required)

5. If the driver has been involved in previous accidents Yes  No  (Name of Insurance Company)

6. if the driver has had a policy of insurance cancelled or declined or an excess or increased premium imposed

Yes  No

7. Amount of liquor consumed by the driver during the 12 hours preceding the accident, including when and where?

8. Has Police action been threatened? Yes  No  (Charge and identity of person required)

9. Was a breathalyzer test required? Yes  No  What was the result?

10. Was a blood test taken? Yes  No  What was the result?

**D.**

Details of  
Damage to  
Own vehicle

- 1. Details of Damage .....
- 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 repaired? .....

**E.**

Details of  
Damage or  
Injuries to  
Third parties

Names & Addresses	Property Damage	Injuries
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 1. Please give details of any claim made on you .....
- 2. Did you or your driver admit liability?.....
- 3. Did the other party admit responsibility? .....
- 4. Vehicle registration Number of the other party (s) .....
- 5. Is the other vehicle insured?.....

**F.**

Details of  
Witnesses

Please give names and addresses of all witnesses.

Passengers in your vehicle a)..... Phone No.....  
 b)..... Phone No.....  
 c)..... Phone No.....

Independent Witnesses a)..... Phone No.....  
 b)..... Phone No.....

Reported to Police – Yes   No Police Station..... Investigation Officers No.....

**G.**

Particulars  
Of Accident

- 1. Date..... Time.....am/pm
- Place.....
- 2. Please describe:
  - a) Where you had been and where you were going.....
  - b) Your speed just prior to impact.....k.p.h.....
  - c) The other parties speed just prior to impact.....k.p.h.....

