

Policy No.

Claim No.

Date Received

# MOTOR CLAIM

You should answer all questions. If you ticked the shaded box please give details in the spaces provided. If you have any queries on your responses please call us. This form should be completed and returned to us as soon as possible.

**1**

(a) In whose name is the vehicle insured?

Insured's name: *(Use block letters)* \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

Phone: Home           Work            Cell

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

(b) Is your Premium paid?

Yes  If you have part paid, you will need to settle it in full prior to the claim being dealt with.

No

(c) Do you have any credit arrangements on your vehicle?

Yes  *(If "Yes", give details)* Name:

No

**2**

Make of your vehicle

Year of Manufacture 19

Registration Number

What is your vehicle's body type?

Sedan

Coupe

Truck

Hatchback

Motorcycle

Van

Station Wagon

Other (give details)

**3**

(a) Who was driving your vehicle when the incident happened?

Driver's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home           Work            Cell

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

We need to know about the licence held by the person driving the vehicle.

Driver's licence or learner's permit number

Years driving

1st Issued

Date Last renewed

Licence expiry date

Date of Birth

(b) Does the driver own a vehicle of his own?

Yes  (If "Yes", state name of Insurance Company)

No

(c) Was the driver driving with your consent?

Yes

No  (If "No", give details)

(d) Was the driver ever involved in an accident or been convicted or pending prosecution for any driving offence or refused insurance?

Yes  (If "Yes", give details)

No

4

(a) When did the incident happen?

DATE		
MONTH	DAY	YEAR

TIME	
AM	PM

At what address did the incident happen? \_\_\_\_\_

Nearest cross street or other reference point which will help us identify the location. \_\_\_\_\_

At the time of the accident was the Vehicle being used for: Private use  Business use  Other use

(b) Was this accident reported to the Police?

Yes  (If "Yes", give full details of Police Station reported to and name of the officer who you dealt with)

No

(c) How would you describe the condition of the road?

Dry

Loose

Wet

Other

(d) Did you give any warning prior to the Accident?

Yes  (If "Yes", give details)

No

(e) Were any of your lights on at the time of the accident?

Yes  (If "Yes", give details)

No

(f) At what speed were you travelling just before the point of impact?

km / mph

Were any measurements taken at the scene of the accident?

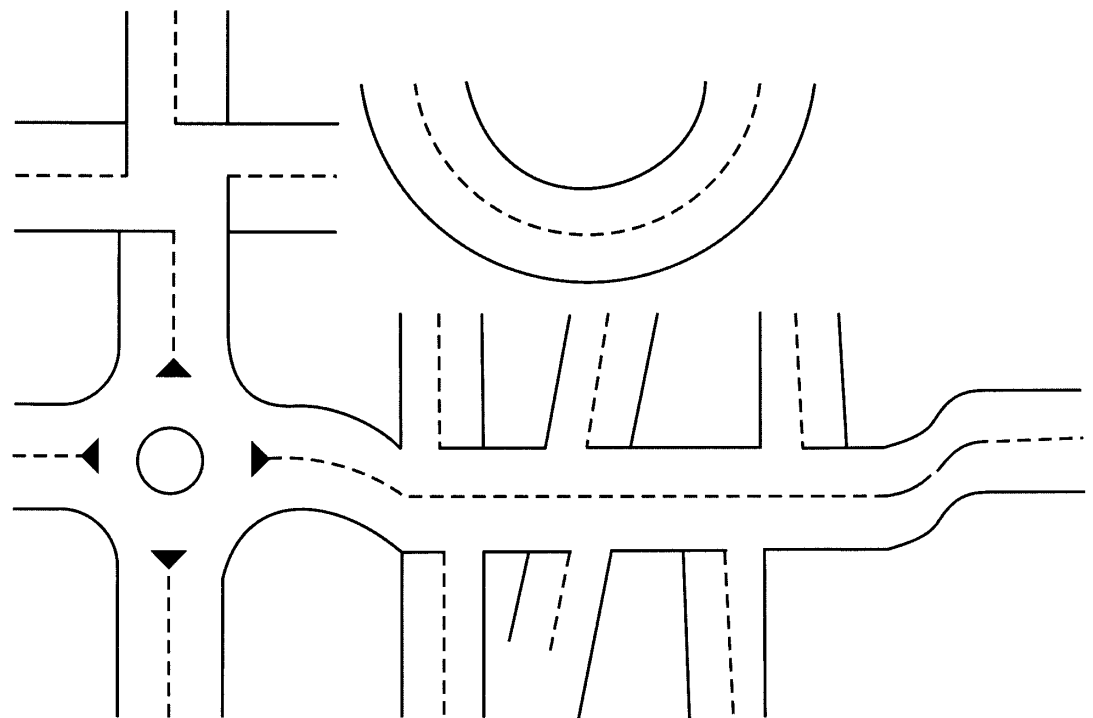
Yes  (If "Yes", give details)

No

How did the Accident happen? Please describe the incident in detail.

Signature of Driver \_\_\_\_\_

Mark your vehicle as A. Number all other parties and or property involved as 1, 2, 3. Indicate the direction in which all parties were travelling.



5

(a) Were there any independent witnesses?

Yes  (If "Yes", give full details)

No

Name \_\_\_\_\_ Tel. \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Tel. \_\_\_\_\_ Address \_\_\_\_\_

(b) Were there any passengers in your vehicle?

Yes  (If "Yes", give full details)

No

Name \_\_\_\_\_ Tel. \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Tel. \_\_\_\_\_ Address \_\_\_\_\_

6

(a) Did your vehicle sustain damage?

Yes  (If "Yes", give full details)

No

(b) Is your vehicle still in use?

Yes  (If "Yes", give full details)

No

(c) Did you have your vehicle towed?

Yes  (If "Yes", state name of Tow Company)

No

Where can your vehicle be inspected? \_\_\_\_\_

7

Were there any other vehicles involved in the accident?

Yes  (If "Yes", give details below)

No

**Vehicle 1**

**Third Parties details**

Name of owner of car \_\_\_\_\_

Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Third Parties' Insurance Company \_\_\_\_\_

Make of their vehicle \_\_\_\_\_ Registration Number \_\_\_\_\_

**Driver's details**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Vehicle 2**

**Third Parties' details**

Name of owner of car \_\_\_\_\_

Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Third Parties' Insurance Company \_\_\_\_\_

Make of their vehicle \_\_\_\_\_ Registration Number \_\_\_\_\_

**Driver's details**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**8**

Were there any other vehicles involved in the accident?

Yes  (If "Yes", give full details below)

No

Name \_\_\_\_\_ Age \_\_\_\_\_ Nature of injury \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Nature of injury \_\_\_\_\_

Address \_\_\_\_\_

**9**

Are there any other losses arising out of this incident that you know about?

Yes  (If "Yes", give details)

No

I/We declare the information and answers given above are truthful, accurate and frank.

No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or has been concealed.

Insured's Signature (The person or Company representative named in **question 1** must sign here.)

Insured's Signature

Date