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MOTOR ACCIDENT CLAIM FORM

1. Important Instructions

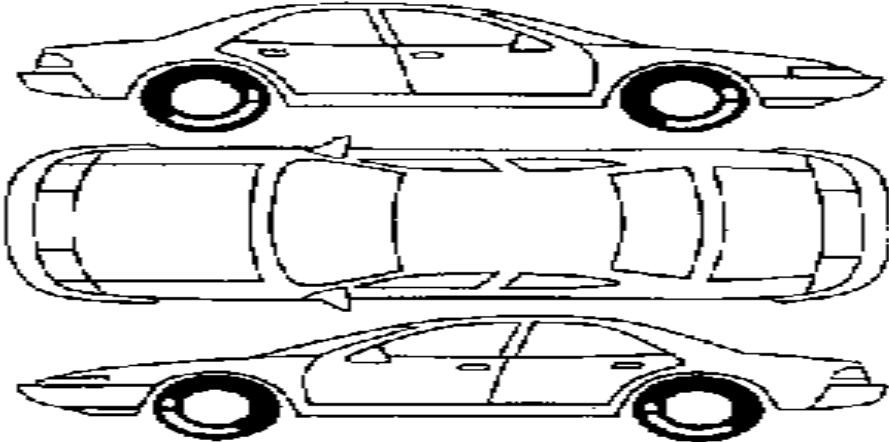
- Claim form is to be filled in capital letters and signed by the insured.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- We recommend that you read the Claims section of your policy.
- The damaged vehicle must be parked at a safe place to avoid any subsequent loss/theft.
- Please read carefully the list of documents required to speed up processing of your claim.
- Any written notice of claim received must be passed IMMEDIATELY to the company UNANSWERED.

2. LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

- Proof of insurance – Certificate of insurance/ Cover note copy
- Copy of Registration Book
- Copy of Motor Driving Licence of person driving the vehicle
- Original Police Report
- Three (3) repair estimates
- All correspondence from third parties (copy of insurance, driving licence, white book, police report, repair estimates)
- Claim photos (minimum of three)

INSURED INFORMATION	
Name:	Policy No.:
Postal Address:	Contact Number:
Occupation:	
VEHICLE INFORMATION	
Make:	Model:
Registration Number:	Year of Manufacture:
Chassis Number:	Engine Number:

ACCIDENT DETAILS		
DATE: / /	TIME: : Hrs.	SPEED: Km/h
Place of accident:		
What were the weather conditions at time of accident? (please tick)		

Rain	Overcast	Sunny	Clear Night
Purpose for which vehicle was being used for?			
Nature of goods carried at time of accident (comm. vehicle)			
Type of road surface(<i>please tick</i>) :			
Tarmac	Gravel	Wet	Dry
Did accident occur on straight road, curve or junction?			
What warning was given by insured's driver?			
What warning was given by the other party?			
DAMAGE TO OWN VEHICLE DETAILS			
State extent of damage?			
Where can the vehicle be inspected?			
Where is the vehicle located now?			
Have any instructions been given for repairs to be put in hand?			
Estimated Cost of repairs (If covered Comprehensive, three detailed quotations should be attached)? K			
Show area of impact by arrow and extent of damage by crosses (x) on car diagram. (The damage on the vehicle must be assessed and costs agreed before repairs commence)			
			
DRIVER OF MOTOR VEHICLE DETAILS			
Name:		Date of Birth: / /	
Address:		Contact Number:	
Relation to insured:			
Driving license no:		Date of issue: / /	Place of Issue:

License Group Class:	Type of License <i>(please tick)</i>	Permanent	Provisional
Give full details of all driving convictions, endorsements of license (if no convictions state "none")			
Has she/he been concerned in any previous accidents? YES/NO (If so, give details)			
If she/ he owns a Motor Vehicle give the name of his/her Insurance Company?			
OTHER PARTY/PROPERTY DAMAGE			
Name of driver:			
Owner of property:			
Owner of vehicle damaged:			
Address:		Contact Number:	
Insurer:			
Make of vehicle:		Registration Number:	
Details of damage to other vehicle/property			
Repairer's Estimate: K			
Where is the vehicle located now?			
Do you consider other party to blame? If so, give reasons			
PERSONAL INJURIES:			
Name and address of injured persons	In whose vehicle were they travelling	Nature of injuries if any	
1.			
2.			
3.			
4.			

WITNESSES			
Were there any witnesses? If "Yes" please give details below		YES	NO
Name:	Name		
Address:	Address:		
Telephone:	Telephone:		
POLICE EVIDENCE			
Did a police officer take particulars of an accident?			
Please give her/his service number:	Please give her/his contact number:		
Police Station:	Date Reported: / /		
DETAILS OF ACCIDENT			
Explain how the accident/fire occurred			

SKETCH
Sketch of scene of accident with names of roads and positions of cars, vehicles, property damage:

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DECLARATION

I/We hereby declare the foregoing particulars to be true in every respect to the best of my/our Knowledge. I/we undertake to render the company all possible assistance in dealing with this Matter and further declare that I/We have not made admission of liability to any third party. I hereby acknowledge that the company shall be entitled without reference to me to engage and Instruct such repairers at its discretion may decide to repair or reinstate the Insured vehicle. I further agree to pay Repairers/Insurers the excess (if any) applicable to this claim.

Signature of Insured:

Date: / /

(If company, give status of signatory and company stamp)