



CLAIM FORM

MOTOR ACCIDENT CLAIM FORM

**IMPORTANT NOTICE**

1. No Liability is admitted by issue of this form.
2. Neither owner nor driver may admit fault or Liability for this Accident.
3. Do not answer communications about this Accident. Direct these to the Insurance Company for Action.
4. All questions on this form must be answered.
5. Repairs must not be authorized without prior authority of the insurance company

INSURED	Name _____ Tel. No. _____ Address _____ Business / Occupation _____
POLICY	Number _____ Expiry Date _____ Name of hire purchase or finance company _____
VEHICLE	Make & Model _____ HP/CC _____ Reg. No. of vehicle _____ Carrying Capacity _____ Reg. No. of trailer _____ Carrying Capacity _____ Name and Address of Owner _____
USE	State the exact purpose for which the vehicle was being used at the time of the accident _____ _____ _____
COMMERCIAL VEHICLES	Description of goods being carried _____ Name of owner of goods _____ Was a trailer attached? _____ Weight of load on (a) Vehicle _____ (b) Trailer(s) _____
DRIVER	Name _____ Occupation _____ Date of birth _____ Address _____ TelNo. _____ _Is he employed by you? _____ How Long has he been in your service? _____ Was he driving with your permission? _____ How long has he been driving motor vehicles? _____ Has he had any previous accidents? _____ If so, how many, and appropriate date? _____ Has he any conviction for any offence in connection with any motor vehicle or any charges pending? _____ _____ If so, details including dates _____ _____ Does he hold a full or provisional license to drive this vehicle? _____ If full, state date when driving test first passed _____ Number _____ Does he own a Motor Vehicle? _____ If so, give name and address of Insurer _____ _____ Driver's Policy No. _____
ACCIDENT	Date _____ Time _____ a.m. /p.m. Place _____ Type of road surface _____ Visibility _____ Wet or Dry? _____ What lights were showing on your vehicle? _____ What warning did your driver give? _____ Estimate speed before accident _____ Weather conditions _____ <b>Did police take particulars?</b> _____ If so, give constable's number and station _____ _____ To which Police Station was the accident reported? _____ Attach copy Notice of intended prosecution if any/ _____

PLAN OF ACCIDENT	Draw sketch (stating approximate measurements) showing position of vehicle and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information			
STATEMENT BY DRIVER	Signature of Driver _____			
STATEMENT BY OWNER OR INSURED				
DAMAGE TO INSURED VEHICLE	State briefly apparent damage _____ _____ (in all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Company an estimate for repairs). _____ Repairer's name and address _____ Tel. No. _____ _____ Is the vehicle still in use? _____ When and where can it be inspected? _____ _____			
OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	Name and Address of Owner	Reg. No.	Name and Insurer	Other Property damage
	Name and address of driver:-			
PERSONS INJURED	Name and address	Relationship to the Insured	If Driver or Passenger Reg. No. of vehicle	Apparent injuries
INDEPENDENT WITNESSES	Name	Address		
PASSENGERS IN YOUR VEHICLE	Name	Address		
	I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.  Date _____ Signature of Insured _____			