



# 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 Question on this form must be answered
- 5** Repairs must not be authorized without prior authority of the Insurance company

## In addition to this form, please submit;

- a** Police Abstract Report
- b** Copy of the Drivers Driving License
- c** PSV driving license (where applicable)

## POLICY HOLDERS DETAILS

- 1** NAME | .....
- 2** Telephone No | .....
- 3** Postal Address / Postal Code / Town | .....
- 4** Email | .....
- 5** Business Occupation | .....

## POLICY

- 1** NUMBER | .....
- 2** Period Of Insurance **FROM** ..... **TO** .....
- 3** Name of hire purchase of financier | .....
- 4** Email | .....
- 5** Scope Of Cover | **COMPREHENSIVE**  **TPO**  **TPF&T**

## VEHICLE

Registration	Make & Model	Year Of Manufacture	Carrying Capacity	Registration No of Trailer	Carrying Capacity
1	1	1	1	1	1
Registered Owner					
1					

## USE

- 1** State and highlight the exact purpose for which the vehicle was being used at the time of the accident | .....  
 .....  
 .....
- 2** Was the vehicle on hire? | **YES**  **NO**

**COMMERCIAL VEHICLE**

- 1 Description of goods being carried | .....
- 2 Name of owner of goods | .....
- 3 Relationship of the owner of goods with the Insured | .....
- 4 Was Trailer attached? | YES  NO
- 5 Weight of load on | a VEHICLE | ..... a TRAILER(s) | .....

**DRIVERS (EVEN IF IT IS THE INSURED)**

- 1 NAME | .....
- 2 Actual Date of Birth | .....
- 3 Address | ..... Telephone No. | .....
- 4 Business/Occupation: | .....
- 5 Is he/her employed by you? | YES  NO
- 6 How long has he/she been in your service? | .....
- 7 How is she/he related to you? | .....
- 8 Was he/she driving with your permission? | YES  NO
- 9 How long has he/she been driving motor vehicles? | .....
- 10 Was he/she in any way to blame for the accident? | YES  NO
- 11 Has he/she had any previous accident? | YES  NO
- 12 If yes, how many, and when? | .....
- 13 Has he/she had any conviction for any offence in connection with any motor vehicle or any charges pending? | YES  NO
- 14 if yes, give details including dates | .....
- 15 Does he/she hold a Full or Provisional Driving License? | FULL  PROVISIONAL
- 16 If Full, state date when driving test was first passed | .....
- 17 Driving License No. | .....
- 18 Does he/she own a motor vehicle? | YES  NO
- 19 If yes, give name & address of Insurer | .....
- .....
- 20 Drivers Policy No. | .....

**ACCIDENT**

- 1 DATE | ..... TIME | ..... PLACE | .....
- 2 Type of road Surface | ..... WET  DRY
- 3 What lights were showing in your vehicle? | .....
- 4 What warning did your driver give? | .....
- 5 Estimated Speed before accident? | ..... Did police take particulars? | YES  NO
- 6 If yes, give Constables Number and the Station | .....
- 7 To which police station was the accident reported? | .....

**Attach copy of Notice of intended prosecution if any.**

## SKETCH PLAN OF THE ACCIDENT

Draw a sketch plan showing position of the vehicle and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossing and any other relevant information |

## STATEMENT BY DRIVER

.....

.....

.....

.....

.....

.....

.....

.....

.....

## STATEMENT BY OWNER / INSURED

.....

.....

.....

.....

.....

.....

.....

.....

.....

## DAMAGE TO INSURED VEHICLE

**1** State briefly apparent damage(s) | .....

.....

(in case where your vehicle is damaged and you are entitled to claim under your policy, please send us an estimate of repairs)

**2** Repairer's/Garage's Name and address | .....

Telephone No. / Email | .....

**3** Is the Vehicle still in use? | YES  NO

**OTHER VEHICLES INVOLVED |**

Name & Address of owner	Registration No.	Name of Insurer & Policy No.	Damaged Property

**PERSONS INJURED |**

Name (s)	Relationship to the insured	If driver or passenger Reg. No. of vehicle.	Apparent Injuries

**INDEPENDENT WITNESSES |**

Name (s)	Address	Telephone No.

**PASSENGER(S) IN YOUR VEHICLE |**

Name (s)	Address	Relationship	Telephone No.

**DECLARATION - PLEASE READ CAREFULLY**

**I DECLARE** that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

NAME OF PROPOSER	SIGNATURE & STAMP PROPOSER	DATE