



Registered FSP No 17607

MOTOR VEHICLE ACCIDENT CLAIM FORM

Office use only

CLAIM NO

Agent / Broker

Policy no Identity no

INSURED			
Name			
Business address			Code
Telephone	CODE (W) ()	CODE (H) ()	CELL
Occupation			

VEHICLE			
Make	Engine capacity	Model	Year
Vehicle value	Odometer reading	Date of purchase	Price paid
Engine no	Chassis no	Inspected by	Date of valuation
Name of registered owner			Registration no
Business address			Code
Telephone	CODE (W) ()	CODE (H) ()	CELL
Is the vehicle a "rebuilt" vehicle? Yes No			
Is the vehicle subject to a hire purchase, credit or lease agreement? Yes No If applicable state the following:			
Name and address of finance company / person			
Address			Code
Account holder			Account no

DRIVER AT THE TIME OF THE ACCIDENT			
Name			
Business address			Code
Telephone	CODE (W) ()	CODE (H) ()	CELL
Occupation			
Date of Birth		Identity no	
Date on which driver's licence was first issued		Place	Code Full Learners
Has the licence ever been endorsed? Yes No Details of any convictions for motoring offences			
Does the driver suffer from any physical defects?			
Details of previous losses/damage			
Name of insurer		Policy no	Telephone CODE ()
Was the driver tested for alcohol or drugs? If so, what was the outcome?			
Does the driver have motor insurance on his / her own vehicle? Yes No Policy no			
Insurance Company			Telephone CODE ()
Has any insurer ever refused / cancelled the driver's motor vehicle insurance or imposed conditions? Yes No			
Was the driver in the insured's employ? Yes No		Was the vehicle being used with the insured's permission? Yes No	
State the purpose for which the vehicle was being used			

ACCIDENT			
Date	Time	Place	
Police reference no.	Police station	Date reported	
Was the vehicle towed?	Yes	No	Date towed
Name of towing company	Approximate distance towed		Km
Telephone	CODE ()		
DAMAGE TO VEHICLE			
Description of damage			
			Estimated cost of repairs
Where can your vehicle be inspected?			

PASSENGERS IN INSURED VEHICLE		
Name	Address / Telephone no	Relationship

Were there any injuries to passengers / driver?	Yes	No
If so, state who, and describe injuries		
If there were injuries, is anyone going to claim for medical costs, etc.?	Yes	No
If so, please supply details		
Name of attorneys who are going to handle the claim		

WITNESSES		
Name	Address	Telephone

OTHER VEHICLES INVOLVED				
1	Vehicle	Registration no	Name of owner or driver	
			Telephone (W) ()	CODE (W) ()
	Postal Address			Cell
2	Vehicle	Registration no	Name of owner or driver	
			Telephone (W) ()	CODE (W) ()
	Postal Address			Cell
3	Vehicle	Registration no	Name of owner or driver	
			Telephone (W) ()	CODE (W) ()
	Postal Address			Cell
4	Vehicle	Registration no	Name of owner or driver	
			Telephone (W) ()	CODE (W) ()
	Postal Address			Cell
If you suspect that the driver of the other vehicle was driving his / her employer's vehicle, please provide us with the following information:				
Registration no		Name of employer		
Business address				Code
Telephone (W) ()		CODE (H) ()		
Information about the other party's insurance				
Name	Insurer	Policy No	Claim No	Contact person and telephone
DAMAGE TO PROPERTY OTHER THAN VEHICLES				
Name of owner				
Address				Code
Telephone (W) ()		CODE (H) ()		Cell
Details of damage				
PERSONAL INJURIES OTHER THAN IN INSURED VEHICLE				
Name of injured	Address / Telephone no		Details of injuries	
DESCRIPTION OF ACCIDENT /INCIDENT				
Speed before accident		Moment of impact		Weather conditions
Visibility		State of road		Width of road
Which lights of the vehicle were on?				
Was any warning given by you, e.g. hooting, indicators, etc.?				
Who, in your opinion, was to blame for this accident?				

DESCRIPTION OF ACCIDENT IN YOUR OWN WORDS

Blank space for describing the accident in your own words.

SKETCH OF ACCIDENT

Indicate the following in the drawing:

- 1. the point of impact;
- 2. direction of travel by arrows; and
- 3. any road signs.

Blank space for sketching the accident.

PREVIOUS LOSS/DAMAGE

Have you suffered any loss / damage before?

If so, supply dates and details

Blank space for providing details of previous loss/damage.

If you were insured, supply name of insurer

Telephone CODE ()

Policy no

OTHER INSURANCE

Is there any other insurance covering this loss / damage? Yes No

If so, give the name of the Insurer

Policy no

Telephone CODE ()

DECLARATION

I / We solemnly declare that the above particulars are correct.

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

Insured's Signature _____ Date _____

Driver's Signature _____ Date _____

Registered Owner's Signature _____ Date _____