

MOTOR CLAIM FORM

CLAIM NO:

**To avoid any delay and unnecessary correspondence the fullest information should be furnished below.
The issuance of this form is not an admission of liability.**

POLICY NUMBER:

EXPIRY DATE.....

INSURED

Full Name:

PIN No:

Address:

Telephone No:

Occupation:.....

PARTICULARS OF VEHICLE

Registration No:..... Make of Vehicle..... HP/CC or Carrying Capacity

Name and address of any Hire Purchase Company interested:

For what purpose was the vehicle owned state number in use on day of accident:.....

If more than one vehicle owned state number in use on day of accident:.....

If a commercial Vehicle were any trailers attached:

If a Motor Cycle was side-car attached:

DRIVER

Full Name:.....

Age:.....

Address:.....

Telephone No.....

Driving Licence C of C No:.....

Date of Issue:.....

Current Renewal No:.....

Date of Expiry:.....

Details of all Endorsement on License and driving convictions, if any:

State whether Owner, Paid Driver, Owner's Relative, Employee of Friend:

How long has he/she been in the employment of the insured : Was

he/she driving on the insured's order or with his/her permission: Has

he/she been involved in any previous accident:..... If "YES" give brief details:

Is he/she has been insured in his/her own name in respect of any other motor vehicle? If so, please state the name of the insurers and if possible, the number of the Policy:

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Have the police charged the driver? If so, why?

PARTICULARS OF ACCIDENT OR THEFT

Date: Time: am/pm. Place

Estimated speed of vehicle.....K.P.H Was the horn sounded

State of the Road:..... Type of Surface:.....

To which Police Station was the accident/theft reported?.....

Did Police take particulars?..... If so, give Constable's No..... and

Police Station:

Has any admission of liability been given or ordained? Please give full details:

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What has been stolen?.....

SKETCH & DESCRIPTION

Please draw a sketch plan of the scene of the accident showing the position before and after . Please mark each vehicle clearly and show by arrows the directions in which they were travelling.

State exactly how the accident occurred and who in your opinion was to blame

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DRIVER STATEMENT

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INSURED STATEMENT

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DAMAGE TO INSURED'S VEHICLE AND INJURIES TO PERSONS

Damage to insured's vehicle
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Where can Vehicle be inspected:

Injuries to Passengers in Insured's vehicle:
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DAMAGE TO VEHICLE OR PROPERTY TO THIRD PARTIES (give name and address of owner and brief details of damage)

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INJURY TO PERSONS (names and addresses and details of injuries)

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Have you received any notice of intended or any claim by a Third Party either verbally or in writing?

If so, please give details:
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WITNESSES

It is of the utmost importance that the names and addresses of all independent witnesses are secured, whether the driver considers he is responsible or not

Passengers in insured's vehicle:

Independent Witnesses

If no names of witnesses taken please give reason:

I hereby declare that the above replies are true and correct to the best of my knowledge and belief and I undertake to render every assistance in my power in dealing with the matter.

Dated on:

Signature of Insured

This 20.....

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The insured is reminded that it is a policy condition that any letter, claim or other communication from Third Parties or summons is to be forwarded to the Company immediately on receipt. The insured must not himself/herself reply to any such communication.

