

Motor Accident Claim Form

1. This form is issued without admission of liability on part of the Company.
2. All questions on this form must be answered.
3. Neither owner nor driver may admit fault or liability for accident.
4. Do not answer communication about this accident. Direct these to the Insurance Company for action.
5. Repairs must not be authorized without prior authority of the Insurance Company.

POLICY HOLDER	Name:		Telephone No:	
	Address:		Business / Occupation:	
POLICY	Number:		Expiry Date:	
	Name of Hire Purchase or Finance Company:			
VEHICLE	Make & Model:		HP/CC	Year of Manufacture:
	Reg. No. of Vehicle:		Carrying capacity	
	Reg. No. of Trailer:		Carrying capacity	
	Name and Address of Owner:			
	Name and Address of Owner:			
	Owner of Goods:			
USE	State the exact purpose for which the vehicle was being used at the time of accident			
DRIVER	Name:		Occupation:	Actual Date of Birth:
	Address:		Telephone No:	
	Is he employed by you?		How long has he been in your service?	
	Is he employed by you?		How long has he been driving Motor Vehicles?	
	Was he in any way to blame for the accident?			Did he admit liability?
	Has he had any previous accidents?		If so, How many and approximate date	
	Please state your previous Insurer, If any:			
	Does he hold a full provisional license to drive this vehicle?			
	If full, State date when driving test was first passed:			Number:
ACCIDENT	Date:	Time:	am/pm	Place:
	Type of road surface:	Visibility:		Wet or Dry:
	What lights were showing on your vehicle?			
	What warning did your driver give?			
	Estimated speed before accident			Weather conditions:
	Did Police take particulars?			
	If so, give Constable's number and Police station			

<p>PLAN OF ACCIDENT</p>	<p>Draw a sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also, show type and position of traffic sign marks, Pedestrian crossings and any other relevant information.</p>
<p>DRIVER STATEMENT</p>	<p>(If space provided is not enough, please attach statement separately)</p> <p>Signature of Driver:</p>
<p>STATEMENT BY OWNER OR POLICY HOLDER</p>	
<p>DAMAGE TO INSURED VEHICLE</p>	<p>State briefly apparent damage:</p>
	<p>(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Insurer's an estimate of repair)</p> <p>Repairer's name and address:</p>
	<p>Is the vehicle still in use? When and where can it be inspected?</p>

OTHER VEHICLES AND PROPERTY DAMAGE	Name and address of Owner	Reg. No.	Name of Insurer	Other Property Damaged
	1.	1.	1.	1.
	2.	2.	2.	2.
PERSONS INJURED	Name and address	Relationship to Policyholder	If Driver or Passenger Reg. No Vehicle	Apparent Injuries
	1.			
	2.			
INDEPENDENT WITNESSES	Name		Address	
	1.			
	2.			
PASSENGER IN YOUR VEHICLE	Name		Address	
	1.			
	2.			

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

Date:

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(Signature and Stamp of Policyholder)