

MOTOR CLAIM FORM
 PLEASE FURNISH ALL DETAILS USING THIS REPORT

INSURED: Name Address
 Telephone No. Home Business.....

***SHOULD THE COMPANY BELIEVE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE**

1. DEPOSIT CHEQUE INTO: BANK ACCOUNT NO. BRANCH ☐
 2. SEND CHEQUE VIA MY BROKERS ☐

**MOTOR
VEHICLE
DETAILS**

Make/Model Year Reg No.....
 Name of Owner
 Address
 For what purpose was vehicle being used
 Name of Hire-Purchase Company, if any Amount Outstanding.....

DRIVER'S LICENCE

Driver's full name Age/Date of Birth Driver's licence No.....
 Date & Place of issue Full or Provisional Class(es).....
 Endorsements Yes/No When and why.....

**DATE
TIME AND
PLACE OF ACCIDENT**

Date of Accident Place of accident Time
 Describe weather conditions
 Description of road and its condition

**DESCRIPTION
OF ACCIDENT**

Who authorized use of Motor Vehicle?
 Why?.....
 Speed? If object collided with was moving, what direction was it going?
 Police station where report was made and IR OR TAB. NO.....
 If matter was not reported to police, please advice reason
 Number of persons in Insured's motor vehicle

				Indicate by X if injured was:		
Name	Address	Apparent Age	Relationship to Insured	Occupant of insured's car	Occupant of other car	Pedestrian

**PERSONS
INJURED**

Nature and extent of injuries
 If medical attention was rendered, give name of doctor
 Where were the injured taken

**DAMAGE TO
PROPERTY OF
OTHERS**

Name of owner Address
 Kind of property (if motor vehicle give make & year)
 Nature and extent of damage
 Estimated cost of repair Has claim been made?

Is claimant insured? Claimant's licence number

Name of Insurance Company

IT IS IMPORTANT TO COMPLETE BOTH SIDES OF THIS REPORT FORM

**NAMES AND
ADDRESSES OF
WITNESSES
(IMPORTANT)**

Whenever possible please obtain names and addresses of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved.

NAMES

ADDRESSES

.....
.....

**DAMAGE TO
MOTOR VEHICLE
OF INSURED**

Parts damaged and extent

Estimated cost of repairs

Repairs should only commence with the Company's consent.

Name of party who caused damage Address

Is he insured? If so, name of company if known

Where may automobile be seen

Driver's Statement:

.....
.....
.....
.....

**DRIVER'S
ACCOUNT OF
ACCIDENT OR
LOSS**

Date Signature of Driver

**DIAGRAM OF
ACCIDENT**

GIVE STREET NAMES, DIRECTION AND LOCATION OF OBJECTS CONCERNED

DECLARATION: I/We hereby declare and warrant that all the information, including any document(s) that I/We have provided herein, is true and correct and that I/We have not withheld from the Company any information within my/our knowledge in connection with the accident or loss. I/We further acknowledge that the information I/We have provided herein will induce the insurer to act thereon and accordingly declare that by signing below, I/We warrant that the information I/We have provided herein, in its entirety, is true and correct.

Date Name of Insured Signature of Insured