

MOTOR ACCIDENT CLAIM FORM

INSURER	Policy No.				
INSURED'S NAME					
INSURED ADDRESS					
Occupation	Email address				
Mobile No	Land line No				
VEHICLE DETAILS	Make / Model /Year			Eng No. Cha No.	
	Reg Number	Sum Insured		Mileage	
	Extras	Date of Purchase		Gross Vehicle mass	
In whose name is the vehicle registered					
Description of damage to Vehicle					
Estimate for repairs attach quotations					
Proposed Repairer's name address & telephone number					
Where can your damaged vehicle be inspected?					
DETAILS OF DRIVER					
Full name					
Address					
Occupation					
Email address					
Mobile NO	Land line No				
Date of Birth					
Driving Licence I.D. No.	No.	Date	Place	Full	Learner
If Learner Details of Instructor					
State fully the purpose for which the vehicle was being used					
Was he/she driving with your permission?					
Was he/she in your employ?					
Has he/she any motor insurance on own car? If yes, state Policy No and Company					
Details of any convictions for motoring offences					
Has licence ever been endorsed?					
Has he/she any physical disability?					
ACCIDENT DETAILS					
	DATE	TIME	PLACE		
DESCRIPTION OF ACCIDENT					
SKETCH OF ACCIDENT					

WITNESSES			
Name, address and Phone No.			
Date, time and place			
THEFT			
Who is now in possession of the keys			
Police station and reference no.			
If accessories stolen, provide full details			
Any special identification mark			
Was vehicle locked			
Speed	Before Accident	Moment of Impact	
a) Weather conditions	a)	b)	
b) Visibility			
a) Road surface	a)	b)	
b) Width of road			
Was any warning given by you e.g, hooting, indicator etc			
POLICE DETAILS	Station	Tab / Ref #	
	Name of Officer	Rank	
Was driver tested for Alcohol or drugs			
PASSENGERS IN INSURED VEHICLE	Name and Occupation	Address & Phone No.	
Are they employees?			
OTHER VEHICLES	Registration No.	Make	Name and Address of Owner and. Damage and
			Driver/Phone No Third Party insurers
PROPERTY OTHER THAN VEHICLES	Name and Address of Owner		Details of Damage
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE	Name of Injured	Relationship to accident e.g. driver, passenger etc.	Detail of Injury Name of Hospital
TO BE COMPLETED BY BROKER / INSURANCE COMPANY REPRESENTATIVE			
I have inspected the driver's licence and it is free of endorsements/ endorsed as shown		Signature	
We reserve the right to ask for the original driver's licence		Capacity	
We hereby declare the foregoing particulars to be true in every respect			
Signature of Driver		Date.....	
Signature of Insured		Capacity Date.....	
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURER IMMEDIATELY YOU BECOME AWARE OF IMPENDING PROSECUTION INQUEST OR DEMAND			
THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION OFFER PROMISE OF PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY			

WARNING – INSURANCE FRAUD IS A CRIME

Requirements

- Fully completed claim form
- Copy drivers license both sides (if not metal attach copy ID & confirmation letter from CVR)
- Three quotations
- Police report