

Motor Accident Claim Form

Important Note

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this claim) will render the insurance claim void. If you are in doubt of the facts which might be considered material, you should disclose them.

PLEASE USE BLOCK LETTERS**General Information**

Surname:										First name:																			
Title: <input checked="" type="checkbox"/> The Hon	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Rev	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms																						
Policy number:																													
Postal address:																													
Residential/Business address:																													
Email address:																													
Tel home:										Tel office:										Mobile:									
Contact person:																													

Motor Vehicles details

Make:					Model:					Year:									
Registration number:										Milage:									
Is the vehicle subject to a HP agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No										If "Yes" please give name of company									
Address of Driver:																			
Driver License No.:										Date of Issue					Class:				
Endorsements (if any)										Reason for Endorsement:									
For what reason was the vehicle being use?																			

Please Note (A copy of the drivers license must be submitted with the claim form).

Accident Details

Time and place of accident																			
Date:										Time:					Weather conditions:				
Where did the accident happen?																			
Describe the roadway and its conditions:																			
Discription of the accident																			
Who authorised use of the vehicle?																			
Direction your vehicle was going?																			
What side of the road?										What was your speed?									
If you collided with another vehicle what direction was it travelling in?																			
Condition of you brakes:										Did the police attend <input type="checkbox"/> Yes <input type="checkbox"/> No					Which station?				
If the police did not attend have you reported the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No										If so which station?									
What was the TAB number?																			
Details of person (s) in your vehicle at time of the accident																			
Name										Address					Age		Relationship		
Person (s) injured																			
Name										Address					Extent of injuries				

Third Party Details

Damage to property of others	
Name of owner:	
Address:	
Type of property and extent of damage:	
If a motor vehicle what make?	Registration Number:
Does he/she have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	With whom?

Name and address of witnesses (IMPORTANT)

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

Name	Address

Damage to your vehicle

Parts damaged and extent:	
Who caused the damage:	
Address of person who caused the damage:	
Is the person insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurer:
Where can the vehicle be seen?	

Drivers account of accident or loss (please explain fully how the accident happened)

I declare the above statement to be true and correct to the best of my knowledge and belief

Signature of Driver:	Date:
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Sketch plan

Name of roads, position of cars, persons, property, road signs, traffic lights, directions and locations etc
Must be shown and also paths and directions taken by parties involved.

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Statement by insured

I/We declare the above to be correct and that I/we have not withheld any material information which would affect the acceptance of my/our claim by the insurers.

Signature of insured:	Date:
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