

MOTOR VEHICLE ACCIDENT CLAIM FORM

 Agency Policy No. Claim No.
 Name of Insured Occupation
 Address e-mail
 Telephone No: Bus Home Cell

PARTICULARS OF DRIVER

 Name of driver at time of occurrence Date of Birth
 Address of driver
 Is driver (a) owner (b) owner's employee or (c) owner's relative or friend? (Tick as appropriate)
 If (b) or (c), did you authorize the journey?
 If (b) or (c), does driver own a vehicle? If so, name of Insurers
 When and where was the driver first licensed to drive?
 Class of vehicle(s) licensed to drive? Current Licence No. Date of Issue
 Has driver ever been convicted of a driving offence? If so, give brief details and dates
 Was this vehicle involved in a previous accident? Yes/No Details and dates required

PARTICULARS OF INSURED VEHICLE

Registration Letters & No.	Make of Vehicle and Maker's No.	Type of Body (Sedan, Lorry, etc)	Year of Make	Horse Power	For what exact purpose was vehicle being used? (full information)

 If there is a hire purchase or other agreement, how much is outstanding? \$ To whom?
 If a motor cycle was there a pillion passenger? Yes/No Name and Address

DAMAGE TO INSURED VEHICLE

 (Two quotations required, repairs must be authorized by the Insurer)
 Full extent of damage
 Place where damaged vehicle can be seen
 Have you given instructions for repairs to be started? Estimated cost of repairs \$
 If tyres damaged or stolen, state make and distance covered

INJURIES TO OCCUPANTS OF INSURED VEHICLE

 Were any Passengers being carried in/on your vehicle (a) for hire or reward? Yes No (b) in your employ Yes No
 Was any injury sustained by the driver or passengers in your vehicle? If so, give details of names and nature of injuries

PARTICULARS OF OTHER PARTY OR OWNER OF PROPERTY INVOLVED IN ACCIDENT

 Name Registration No. of other vehicle
 Address Name of other Insurers
 Full extent of personal injuries and/or damage to property
 Has notice of any claim been given to you?

Please send to the Company at once and unanswered any written communication you may have received

PLEASE COMPLETE OVERLEAF

CIRCUMSTANCES OF ACCIDENT, LOSS OR DAMAGE

Date Timeam/pm Place

Which of your lights were on? What was your speed?km/h

Describe (a) Road Conditions (b) Traffic Conditions (c) Visibility

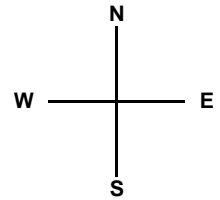
Give full description of how the accident, loss or damage occurred:

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

Date Driver's Signature

SKETCH

Please make a rough sketch showing road widths and position of vehicles indicating how far vehicles were from side of road. Indicate with arrow the directions in which they were moving.



IN CASE OF THEFT: Please give details of numbers/marks etched/sandblasted on the vehicle

And by whom done

If Radio/Tape Deck damaged/stolen state age make and model

Point of impact : Mark XXXX



WITNESSES

Names and addresses of your passengers

Names and addresses of other witnesses

Was any statement as to fault made by witnesses or drivers at the time? If so, give details:

To which Police Station was the occurrence reported? Date of report

Name/Number of Police Officer who took particulars Police Ref: No.

DECLARATION

I/We declare that, to the best of my/our knowledge and belief, these statements are true and I/We undertake to render the Company every assistance in my/our power in dealing with this matter.

Date Signature of Insured

(If the Policyholder is a Company or firm the designation of the person signing must be given and the Company stamp affixed)

Designation Company Stamp