Motor Accident Claim Form

Insured					
Name					
Physical Address					
Contact Number/s					
I.D No. / CK No.			Email Adress		
Vehicle					
Registered Owner					
Make & Model			Year		
Registration Number		Purchase Price		Purchase Date	
Anti-Theft Devices (if applicable)					
#1 Make		#1 Fitted By		#1 Date	
#2 Make		#2 Fitted By		#2 Date	
Details of Window Markings (if applicable)					
Number			Applied by Whom		
Financing Details (if applicable)					
Finance Company	Branch	Type of Agreement	Account Number	Amount	
Damage to Own Vehicle					
Damage description					
Estimates for repairs (attach quotations)					
Photographs of Vehicle Attached (tick)					
Impact Area	VIN Number	License Disk	Odometer	Location	
Repairers Details					
Name			Address		
Contact Number			Address where vehicle can be inspected		
Drivers Details					
Full Name			ID Number		
Address					
Occupation			Contact Number		

Driver's License Details					
Code		Place of Issue		Date	
State the purpose for which the vehicle was being used					
Was the driver driving with your consent?			Is the driver in your employ?		
Yes			Yes		
No			No		
Is the driver owner of another vehicle?			If yes, provide name of Insurer & Policy No.		
Yes			Insurer		
No			Policy No.		
Details of previous accidents					
Details of any convictions for motoring offences					

Other Party Details			
Other Vehicle Details			
Make & Model		Registration number	
Driver Name		Driver ID	
Owner Name		Owner Address	
Damage description		Damage Estimate	
Contact Number		Contact Email	

Witnesses					
Name		Contact Number		Address	
Name		Contact Number		Address	
Name		Contact Number		Address	

Passengers (Inside Insured Vehicle)					
Name		Contact Number		Address	
Name		Contact Number		Address	
Name		Contact Number		Address	

Passengers (Other Vehicles)					
Name		Contact Number		Address	
Name		Contact Number		Address	
Name		Contact Number		Address	

Property (Other than vehicle)	
Name & Address of Owner	Details of Damage

Accident Details					
Date		Time		Place	
Speed (before impact)			Speed (time of impact)		
Weather conditions			Visibility		
Road Surface			Width of road		
Where vehicle lights on?			Street lightning		
Was any warning given? Eg. Hooting					

Police Details					
Name of Officer		Police Station		Police Reference No.	
Was the driver tested for alcohol or drugs?					
Description of accident					
Sketch of accident (or attach a separate page if necessary)		**Please indicate clearly point of impact and indicate direction of travel by arrows. Give details of any road signs or warning signs in the vicinity of scene of accident**			

License Inspection			
I have inspected the Driver's Licence and it is free of Endorsements/ Endorsed as shown			
Please attach copy of Driver's Licence	Signature	Date	Capacity

Declaration
I/we hereby declare the foregoing particulars to be true in every respect and hereby authorise the insurance company to obtain the police accident report on my behalf. I /we declare that we will comply with the policy terms and conditions as per the policy contract and policy schedule. I/we declare that we will not accept or make any settlement offer to any third party in respect of this claim without the written consent of the insurance company.

Signature of Driver			Date		
Signature of Insured		Date		Capacity	