

MOTOR CLAIM FORM

PLEASE FURNISH ALL DETAILS USING THIS REPORT

INSURED: Name Address

Telephone No. Home Business.....

Make/Model Year Reg No.....

Name of Owner

Address

MOTOR VEHICLE DETAILS

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 AccidentPlace 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

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

Nature and extent of injuries

PERSONS INJURED

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

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 AND ADDRESSES OF WITNESSES (IMPORTANT)

NAMES

ADDRESSES

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.....

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 ACCOUNT OF ACCIDENT OR LOSS

Driver's Statement:

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

Date Signature of Driver

DIAGRAM OF ACCIDENT

GIVE STREET NAMES, DIRECTION AND LOCATION OF OBJECTS CONCERNED

DECLARATION: I/We hereby declare that the above statements, facts, and documents are true and that I/we have not withheld from the Company any information within my/our knowledge connected with the accident or loss.

Date Signature of Insured