



## MOTOR INSURANCE- CLAIM AND REPORT FORM

Dear Policyholder,

We sincerely regret the fact that your vehicle has been involved in an accident which may give rise to a claim.

In order to expedite our processing of this matter, we request that you complete and return this Form inclusive of Sketch Plan.

We particularly request that there should be no discussion of the terms or extent of your insurance with the party or parties claiming or any one acting on his or their behalf. In keeping with the Policy Conditions, all communications must be forwarded to the Company immediately on receipt. Every letter, claim, Writ of Summons, summons and/or process must be forwarded to the Company immediately on receipt by the insured, and notice must also be given in writing to the Company immediately the insured shall have knowledge of any impending prosecution in respect of any occurrence which may give rise to a claim under this Policy.

It is very important that each question be answered fully.

The issuing of this form by us is not to be constructed as an admission of Liability.

Assured

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Address

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FOR OFFICE USE ONLY	
DATE ISSUED	
ISSUED BY	
DATE RECEIVED	
TIME RECEIVED	
RECEIVED BY	

## Particulars of Accident and Claim for Damage Resulting Therefrom

### INSURED

Full Name: \_\_\_\_\_ Tel No.: (H) \_\_\_\_\_  
(B) \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_

Business or Profession: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Date: \_\_\_\_\_

Kind of insurance(State whether Comprehensive, Full Third Party only or Third Party (Act) cover).

If insured with any other company in respect of the risk, please state

### INSURED'S MOTOR VEHICLE

Make of Vehicle: \_\_\_\_\_ Type of Body: \_\_\_\_\_

H.P \_\_\_\_\_ Registered No.: \_\_\_\_\_

Seating capacity including driver: \_\_\_\_\_

If the vehicle is insured, what is its present value? \$ \_\_\_\_\_

How many persons were in the vehicle at the time of the accident? \_\_\_\_\_

For whom was the vehicle being used when the accident occurred? \_\_\_\_\_

For what purpose was the vehicle being used when the accident occurred? \_\_\_\_\_

### PARTICULARS OF DRIVER

Name of person operating the vehicle at time of accident: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Is your driver licensed? If so, give number and date of license: \_\_\_\_\_

When was license last renewed? \_\_\_\_\_

Has your driver ever had his license endorsed? \_\_\_\_\_ For what offence? \_\_\_\_\_

Is your driver disqualified from holding a license? \_\_\_\_\_

Has your driver been refused any Motor Vehicle Insurance or continuance thereof? \_\_\_\_\_

Is he insured with any other company? \_\_\_\_\_

a. Insured's paid employee? \_\_\_\_\_

If other than the insured, is the driver \_\_\_\_\_

b. Insured relation or friend? \_\_\_\_\_

If (a) how long has the driver been in the insured's regular employ? \_\_\_\_\_

If (b) does your driver own a motor vehicle himself? \_\_\_\_\_

Was the vehicle being used with the insured's knowledge and consent? \_\_\_\_\_

### **PARTICULARS OF ACCIDENT**

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Date when reported to insured: \_\_\_\_\_

How far was insured car from near side of road? \_\_\_\_\_

If so, how far from pavement or grass slope of the road? \_\_\_\_\_

If not, on what part of road was the vehicle? \_\_\_\_\_

Speed at time of accident: \_\_\_\_\_

In your opinion was your driver at fault? \_\_\_\_\_

Was he sober at the time? \_\_\_\_\_ Is he always sober? \_\_\_\_\_

### **DAMAGE TO INSURED'S VEHICLE**

- |        |                          |                             |                          |              |                          |
|--------|--------------------------|-----------------------------|--------------------------|--------------|--------------------------|
| Body   | <input type="checkbox"/> | Lamps                       | <input type="checkbox"/> | Radiator     | <input type="checkbox"/> |
| Screen | <input type="checkbox"/> | Front axle and/or rear axle | <input type="checkbox"/> | Steering arm | <input type="checkbox"/> |
| Wheels | <input type="checkbox"/> | Fenders                     | <input type="checkbox"/> | Hood         | <input type="checkbox"/> |

Other Damages \_\_\_\_\_  
\_\_\_\_\_

Where is the vehicle now? \_\_\_\_\_

In what position is the vehicle now? \_\_\_\_\_

Have you sent it to a repairer? \_\_\_\_\_

If so to whom? \_\_\_\_\_

Please state address? \_\_\_\_\_

Probable cost of repairs \$ \_\_\_\_\_

**OWNER OF OTHER VEHICLE IN THE COLLISION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Description of Vehicle/Property: \_\_\_\_\_

**DAMAGED PROPERTY BELONGING TO THIRD PARTY**

Description of the vehicle or other property damaged: \_\_\_\_\_

Nature and extent of damage: \_\_\_\_\_

Name and address of owner of damage vehicle or other property: \_\_\_\_\_

Has a claim been made? \_\_\_\_\_ Please state the amount of the claim \_\_\_\_\_

Please state particulars of claim \_\_\_\_\_

**INJURED PERSON (THIRD PARTY)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apparent age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names of any relatives: \_\_\_\_\_

Nature and extent of injury: \_\_\_\_\_

Attended by: \_\_\_\_\_ Injured person taken to: \_\_\_\_\_

Has the injured person made a claim? \_\_\_\_\_ Please state the amount of the claim: \_\_\_\_\_

Please state particulars of claim: \_\_\_\_\_

NOTE:- If more than one person is injured please attach a statement giving these particulars in relation to each person.

**NOTE:- Any written communication is not to be answered by the insured but must be forwarded immediately to the Company. If verbal notice has been received particulars should be given above.**

Who in your opinion was to blame? If some person other than your driver give name, address and occupation  
\_\_\_\_\_  
\_\_\_\_\_

If collision with another vehicle, give speed and direction of both vehicles  
\_\_\_\_\_

Have you read the driver's statement? \_\_\_\_\_ Do you believe it to be true in every respect? \_\_\_\_\_

If not, give reason for doubting it: \_\_\_\_\_

## THE ACCIDENT

Narrate here as far as insured is able, how the accident occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

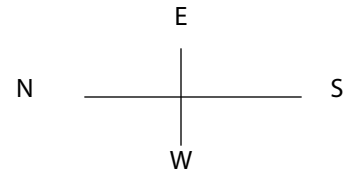
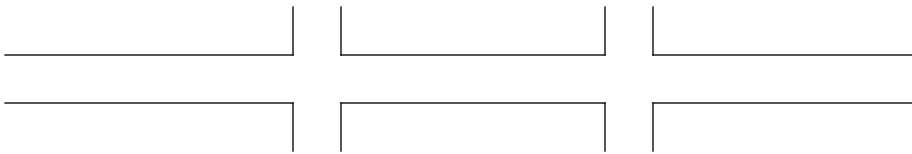
WITNESSES (Please state whether witness was in your vehicle, the other vehicle or a bystander)

\_\_\_\_\_

Drivers and chauffeurs should be instructed to secure the names and addresses of bystanders and all eye-witnesses to the accident (including persons traveling in the vehicle) and to report the same at the nearest Police Station.

NAMES	ADDRESSES

Please fill in the diagram below, showing position of vehicle and injured person (or other vehicle with which insured's vehicle collided) with direction in which both were proceeding:



Date of this notice: - \_\_\_\_\_

I certify that the above replies and information are true as far as my knowledge goes from enquiries made by me.

\_\_\_\_\_  
Signature of Insured

## DRIVER'S STATEMENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_