



MOTOR VEHICLE CLAIM FORM

CLIENT No. _____

AGENCY No. _____

ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF THE COMPANY'S LIABILITY. NO LIABILITY IS TO BE ADMITTED TO A THIRD PARTY. NO REPAIRS ARE TO BE DONE WITHOUT THE PERMISSION OF THE COMPANY. IF YOU RECEIVE ANY COMMUNICATION IN ANY WAY CONNECTED TO THE ACCIDENT PLEASE FORWARD TO THE COMPANY IMMEDIATELY

CLIENT No.	POLICY NO.	DUE DATE	EXCESS	SUM INSURED	CLAIM No.
NAME: _____					PHONE: _____
ADDRESS: _____					WORK _____
MORTGAGEE/LESSOR: _____					HOME _____
					FAX _____
MAKE & TYPE OF BODY	YEAR MODEL	ENGINE No.	REGO. No.	PURPOSE OF USE AT TIME OF ACCIDENT	NO. OF PASSENGERS OR WEIGHT OF LOAD

- IN WHOSE NAME IS THE VEHICLE REGISTERED?
- PLEASE STATE IF VEHICLE IS UNDER HIRE PURCHASE (AND AMOUNT OWING)
- GIVE ADDITIONAL PARTICULARS IF YOU ARE OTHERWISE NOT THE SOLE OWNER
- DO YOU HOLD ANOTHER POLICY INDEMNIFYING YOU IN RESPECT OF THIS ACCIDENT (PARTICULARS REQUIRED)
- SAFETY STICKER 6. ISSUED BY 7. DATE OF EXPIRY
- DATE OF ISSUE 9. REGISTRATION STICKER No. 10. DATE OF ISSUE

DRIVER DETAILS

NAME IN FULL DATE OF BIRTH

ADDRESS LICENCE No.

DATE OF EXPIRY.....

- WAS THE VEHICLE BEING DRIVEN WITH THE OWNERS KNOWLEDGE AND CONSENT?
- HAS THE DRIVERS LICENCE BEEN ENDORSED OR SUSPENDED (WHEN & WHY)?
- IS THE DRIVER THE OWNER, EMPLOYEE, RELATION AND/OR FRIEND?
- DOES THE DRIVER OWN HIS OWN VEHICLE (AND THE NAME OF HIS INSURANCE COMPANY)?
- HAS THE DRIVER EVER HAD A POLICY OF INSURANCE CANCELLED OR DECLINED OR AN EXCESS OR INCREASED PREMIUM IMPOSED?.....
- WHAT AMOUNT OF LIQUOR WAS CONSUMED BY THE DRIVER DURING THE 12 HOURS PRECEEDING THE ACCIDENT, INCLUDING WHEN AND WHERE?
- PLEASE ADVISE IF IN CONNECTION WITH THE ACCIDENT POLICE ACTION HAS BEEN THREATENED (CHARGED AND IDENTITY OF PERSON REQUIRED)

DETAILS OF DAMAGE TO INSURED VEHICLE:

- DETAILS OF DAMAGE
- IS IT IN A FIT CONDITION TO DRIVE?
- AMOUNT OF ESTIMATE FOR REPAIRS (ATTACH QUOTE IF POSSIBLE)
- WHERE AND WHEN CAN IT BE INSPECTED

NAME AND ADDRESS OF OTHER PARTY	VEHICLE TYPE AND REGISTRATION NUMBER

PLEASE GIVE NAMES AND ADDRESSES OF ALL WITNESSES:

PASSENGERS IN VEHICLE A PHONE NUMBER

PASSENGERS IN VEHICLE B PHONE NUMBER

PASSENGERS IN VEHICLE C PHONE NUMBER

INDEPENDENT WITNESS A PHONE NUMBER

INDEPENDENT WITNESS B PHONE NUMBER

POLICE OFFICER'S NAME & NUMBER STATIONED AT

IS THERE ANY LIKELIHOOD OF POLICE ACTION BEING TAKEN? AGAINST WHOM

PLEASE MAKE A ROUGH PLAN OF ROAD SHOWING DISTANCE AND POSITIONS OF ALL VEHICLES AND PERSONS CONCERNED SHOWING BY ARROWS THE DIRECTION THEY WERE TRAVELLING. YOUR VEHICLE TO BE MARKED (A) AND THE OTHER PARTIES (B), (C) AND SO ON, WITH POINT OF IMPACT SHOWN.

DATE OF ACCIDENT: TIME: A.M./P.M. PLACE

PLEASE DESCRIBE WHERE YOU HAD BEEN AND WHERE YOU WERE GOING

YOUR SPEED PRIOR TO IMPACT K.P.H. OTHER PARTIES SPEED PRIOR TO IMPACT..... K.P.H.

WARNINGS SIGNALS GIVEN BY EITHER PARTY

WHOM DO YOU CONSIDER RESPONSIBLE FOR THE ACCIDENT AND WHY?

GENERAL DESCRIPTION OF THE ACCIDENT

STATE CLEARLY CONVERSATIONS BETWEEN YOU AND THE OTHER DRIVER.

I declare the particulars on pages 1 and 2 of this form to be true and correct in every respect and that the completion of this form and the signing of it is a claim on the Company and not only a notice of accident. I further acknowledge that any untruth, misrepresentation or suppression by or on behalf of me in any declaration or statement in support of the claim made herein makes the policy under which this claim is made void and the premium forfeitable.

Dated at This day 20

Insured's Signature Witness to Signature