

# MOTOR CLAIM FORM

INSURED	Insurer					
	Policy Number					
	Client Name					
	Occupation					
	ID No					
	Address & Day Phone No					
VEHICLE		Make	Tare	Gross veh mass	Kilometres Completed	
	If vehicle subject to hire purchase, creditor leasing agreement, state name of company	Reg no	Value	Model & year	Date of purchase	
	In whose name is the vehicle registered					
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repair's name, address & telephone no					
	Where can your vehicle be inspected					
DRIVER	Full name					
	Address					
	occupation					
	Identity Number					
	Driving licence	No	Date	Place	Code	Full/Learner
	State fully the purpose for which the vehicle issued					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Is he/she owner of another vehicle? If yes, give name of insured and policy no					
	Details of any convictions for motoring offences?					
	Hs licence ever been endorsed?					
Has he/she any physical defects?						

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	Details of previous accidents?					
PASSENGERS	Passengers in insured vehicle	Name	Address		Injury	
	For what purpose were they carried?					
	Are they employees?					
OTHER PARTY	OTHER VEHICLES	Registration no	Make	Name & address of owner and driver	Details of damage	
	PROPERTY EITHER THAN VEHICLES	Name and address of owner			Details of damage	
	PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)	Name of injured	Relationship to accident e.g. Driver, passenger etc.		Details of injuries	Name of hospital if applicable

WITNESSES	Name, address & phone no					
	Name, address & phone no					
ACCIDENT		Date	Time	Place		
	Speed	Before accident KPH			Moment of impact KPH	
	A) Weather Conditions B) Visibility	A)			B)	
	A) Road surface B) Width of road	A)			B)	
	A) Where vehicle lights on? B) Street Lighting?	A)			B)	
	Was any warning given by you? Hooting, indicator, etc?					
	Police Details	Name of police/traffic officer who recorded details of accident:			Police station and reference no:	
	Was driver tested for alcohol or drugs?					
	<b>DESCRIPTION OF ACCIDENT</b>					

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	SKETCH OF ACCIDENT (if necessary use separate page)	Please Show clearly the point of impact and indicate the direction of travel by arrows Give details of any road safety signs or warning signs in vicinity of scene of accident.
LICENCE INSPECTED	I have inspected the driver's licence and it is free of endorsements/endorsed as shown Signature of Insured _____ Capacity _____ Please attach copies of driver's licence, page 1 of drivers identity document and Public driving permit (if applicable)	
DECLARATION	We hereby declare the foregoing particulars to be true in every aspect. Signature of Driver _____ Date _____ Signature of Insured _____ Capacity _____ Date _____ Insured's VAT registration no (if applicable) _____ <b>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND</b>	