



MOTOR CLAIM FORM

PLEASE FURNISH ALL DETAILS USING THIS REPORT

INSURED: Name Address
 Telephone No. Home Business.....

MOTOR VEHICLE DETAILS

Make/Model Year Reg No.....
 Name of Owner
 Address
 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 ACCIDENT

Description of road and its condition
 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

PERSONS INJURED

Nature and extent of injuries
 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

immediate
**NAMES AND
ADDRESSES OF
WITNESSES
(IMPORTANT)**

Whenever possible please obtain names and addresses of witnesses, bystanders or persons in the vicinity who may have seen the accident or heard statements made by any of the persons involved.

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 Statement:

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

**DRIVER'S
ACCOUNT OF
ACCIDENT OR
LOSS**

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