

MOTOR INSURANCE - CLAIM AND REPORT FORM

Notice is to be given, *in writing* to the Company immediately upon the occurrence of any accident or loss or damage or in the event of any claim, 'and the Assured must deliver to the Company his claim in respect thereof and furnish therewith full details of the occurrence including the names and addresses of all parties involved and of the witnesses Every letter claim, writ, summons and/or process must be forwarded to the Company immediately on receipt by the Assured, and notice must also be given in writing to Company immediately the Assured shall have knowledge of any impending prosecution in respect of any occurrence which may give rise to a claim under this Policy.

1. INSURED

Full Name:	Policy No:
Address:	Type of Coverage:
Occupation:	Telephone No:

2. INSURED'S VEHICLE

Registered Number:	Seating capacity including driver:
Make of Vehicle:	If insured comprehensively, its present value:
HP/CC:	
How many persons were in the vehicle at the time of the accident?	
For what purpose was the vehicle being used for when the accident occurred?	

3. DRIVER OR PERSON LAST IN CHARGE

Name:	Age:
Address	
License No:	Date of Issue:
Date of Renewal:	Date of Expiry:
Vehicles Covered:	
If other than the insured, is the driver a paid employee/relation?	
Was he under the influence of Alcohol at the time?	

4. PARTICULARS OF ACCIDENT

Date of accident:	Time:	(PM/AM)
Accident occurred at:		
Speed at the time of accident:		
Police station matter reported to:		
Who, in your opinion was to be blame?		

5. DAMAGE (IF ANY) TO INSURED'S VEHICLE

Full details of damage:
Have you sent it to a repairer ?
Estimate cost of repairs:
Where can the vehicle be inspected?

6. THIRD PARTY DETAILS

Registration No:	Name of Insurer:	Type of insurance:
Name/address of owner		
Damag done:		
Name and address of injured person (s):		
Nature of injuries:		
Medical institution taken to:		
Has any claim been made upon the insured?		
if so, give details:		

7. INDEPENDENT WITNESS (ES)

Names	Addresses
1	
2	

I/We certify that the above replies and information are true to the best of my/our knowledge and from enquires made by me/us

Signature of Policyholder (s) _____

9. DRIVER'S STATEMENT

Signature of Driver _____

Completed by: _____

Date: _____