

### MOTOR VEHICLE ACCIDENT CLAIM FORM

(Delete sections not applicable)

Company/Surname:		Initials		Title	
Policy Number		ID No		VAT Reg. No	

#### Insured

Name and Occupation	
Address and Day Tel No	
Identity Number/VAT Number	

#### Vehicle

Make	Registration	Model and Year	Kilometers completed
State name, address and account number of Finance Company			
Chassis/VIN No			
In whose name is the vehicle registered?			

#### Damage

Damage area to own vehicle	
Indicate old damage on vehicle	
Estimate for repairs or attach quotation	
Repairer's name, address and telephone number	
Where can your damaged vehicle be inspected?	

#### Driver

Full Name				
Residential Address				
Occupation				
Identity Number				
Drivers Licence	Month and year of expiry		Date of issue and code issued	
State fully the purpose for which the vehicle was being used				
Was he/she driving with your permission				
Was he/she in your employment				
Has he/she motor insurance on own car? If yes state Policy No and Company				
Has license ever been endorsed?				
Has he/she any physical defects				
Details of previous accidents				

Passengers (Insured Vehicle)			
Passengers in Insured Vehicle	Name	Residential address	Injury
For what purposes were they carried?			
Are they employees?			

Other Party				
Personal injuries (other than in insured vehicles)	Name of injured	Relationship to accident e.g. driver, passenger etc	Details of injuries	Name of Hospital if applicable
Other vehicles	Registration	Make	Name of owner & driver	ID No
	a)			
	b)			
	c)			
	Details of damage	Old damage	Address of owner & driver	Colour of vehicle
	a)			
	b)			
Property other than vehicles	Name and address of owner		Details of damage	

Independent Witnesses	
Name, address and Telephone Number	
Name, address and Telephone Number	

Accident			
Date time and place			
Speed	Before accident	Kph	Moment of impact
(a) Weather conditions (b) Visibility	a)		b)
(a) Road surface (b) Width of road	a)		b)
(a) Which vehicles lights were on (b) Street lighting	a)		b)
Was any warning given by you e.g. Hoofing, indicators etc?			
Police Details	Name of Police/Traffic officer who recorded details of accident		Police station, case number and date reported
Was driver tested for alcohol or drugs?			

Description of accident	

<p style="text-align: center;">SKETCH OF ACCIDENT (if necessary use separate page)</p> <p>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 the vicinity of scene of accident</p>	
---	--

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Payment method				
You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.	Name of Bank		Branch	
	Name of Acc		Acc No	

Licence Inspected		
I have inspected the driver's licence and it is free of endorsements/endorsed as shown		
_____ Signature of Insured	_____ Capacity	_____ Date

Declaration		
We hereby declare the foregoing particulars to be true in every respect.		
_____ Signature of Driver	_____ Capacity	_____ Date
_____ Signature of Insured	_____ Capacity	_____ Date

NB. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand