MOTOR ACCIDENT CLAIM FORM
Some questions may not apply to your specific loss. If so please just indicate N/A (Not Applicable)
Acceptance of this form is not an admission of liability by the Company.

1. INSURED	NAME:
	TEL:(H)
	HOME ADDRESS
	CELL NOEMAIL
	BUSINESS ADDRESS
2. VEHICLE & DRIVER	MAKE & MODELYEAR OF MANUFACTUREREG NOREG NOYEAR OF MANUFACTURE
	DRIVER'S NAMEVEHICLE MILEAGE
	DRIVER'S LICENSE NO (ATTACH COPY OF BOTHE SIDES
	WHO AUTHORISED USE OF CAR?
	HIRE PURCHASE (YES/NO)FINANCE COMPANY
	TIRE FOR TASE (TESTINO)
3. DATE, TIME	DATE OF INCIDENTPLACE
& PLACE OF ACCIDENT OR	DESCRIBE WEATHER CONDITIONS
LOSS	DESCRIBE ROAD WAY & ITS CONDITIONSPEED @ IMPACTSPEED @ IMPACT
	TO WHICH POLICE STATION WAS REPORT MADE?
	POLICE REF. NOOFFICER NAME & FORCE NO
	WAS THE DRIVER OF YOUR VEHICLE CHARGED FOR ANY OFFENCE? (YES/NO)
	TASAN ADMISSION OF GOILT BEEN SIGNED BY ANY DINVER! (TESINO)
4. DRIVER'S ACCOUNT OF	
INCIDENT	
	DRIVER'S SIGNATURE
5. SKETCH OF ACCIDENT	
ACCIDENT	
6.DAMAGE TO	
OWN VEHICLE	DESCRIBE EXTENT & POSITION OF DAMAGE
	WHERE CAN DAMAGED VEHICLE BE INSPECTED?
	ESTIMATE FOR REPAIRS (2 QUOTES REQUIRED): (1) \$

7.OTHER PARTY	NAME OF OTHER PARTY:	
	ADDRESS:	
	THEIR CONTACT NO: (H)(W)(CELL)	
	EMAIL:	
	DID THEY ADMIT GUILT TO ANYONE ELSE?: YES: NO:	
	IFYES, WHO?:	
	DAMAGE TO THEIR CAR	
	THEIR INSURANCE COMPANY:ANY REFERENCE NO:ANY	
8. NAME & ADDRESS OF WITNESSESS	NAME/S ADDRESS CONTACT NO EMAIL	
9. NAME OF OCCUPANT/S OF INSURED VEHICLE		
	NAME	
	NAME	
	NAME	
	USE SEPARATE SHEET IF SPACE PROVIDED IS NOT SUFFICIENT	
10. DAMAGE OF PROPERTY	NAME OF OWNER	
TO OTHER	ADDRESS	
PERSONS	KIND OF PROPERTY	
	IF VEHICLE, GIVE MAKE REG NO	
	ESTIMATED COST OF REPAIR	
	IS THE THIRD PARTY INSURED? GIVE INSURER'S NAME IF KNOWN	
	IF OTHER PERSON/S PROPERTY WAS A MOTOR VEHICLE, HOW MANY PASSENGERS WERE IN THE VEHICLE?	
11. PERSON/S INJURED OR DECEASED	NAME:	
	NATURE OF INJURY/DEATH:	
	NAME:	
	NATURE OF INJURY/DEATH:	
	NAME:  NATURE OF INJURY/DEATH:	
	NATURE OF INTORTIDEATH.	
IDECLAREALLINF	FORMATION CONTAINED HEREIN TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF	
	DATE	
JIGNATURE	DATE	
IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT, PLEASE STATE:  BANK NAME:		
BRANCH:		
ACCOUNT NAME:		
ACCOUNT NUMBER:		