

## MOTOR CLAIM FORM

**WITHOUT PREJUDICE**

**MOTOR ACCIDENT  
REPORT FORM**

Insurers Claim No.

### IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form
2. Neither Owner nor driver must admit fault or liability for this accident.
3. Do not answer communication about this accident, but send them to the questions on this form must be answered.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the insurers.

<b>POLICY HOLDER</b>	Name..... Tel No..... Address..... Business Occupation.....
<b>POLICY</b>	NUMBER ..... Expiry date ..... Name of hire purchase or finance company .....
<b>VEHICLE</b>	Make & Model ..... HPP/CC ..... Year of Manufacturers ..... Reg. No of Vehicle ..... Carrying capacity ..... Reg. No of Trailer ..... Carrying capacity ..... Name and Address of Owner .....
<b>USE</b>	State the purpose for which the vehicle was being used at the time of the accident. ..... .....
<b>COMMERCIAL VEHICLE</b>	Description of goods being carried ..... Name of owner of goods ..... Was a trailer attached ..... Weight of load on (a) Vehicle ..... (b) Trailer(s) .....
<b>DRIVER</b>	Name ..... Occupation ..... Actual Date of birth ..... Address ..... Is he employed by you? ..... How long has been in your service? ..... Was he driving with your permission? ..... How long has he been driving Motor vehicle? Was he in any way to blame for the accident? ..... Did he admit liability? ..... Has he had any previous accident ..... if so, how many and approximate dates? ..... Does he hold a full or provisional licence to drive this vehicle?..... If full, state date when driving test first passed ..... Number ..... Does he own a Motor Vehicle? ..... If so, give name and address of insurer ..... Driver's Policy NO. ....
<b>ACCIDENT/THEFT</b>	Date ..... Time ..... a.m/p.m. Place ..... Type of road Surface ..... Visibility ..... Wet or Dry? ..... What light were showing on your vehicle? ..... What warning did your driver give? ..... Estimate speed before accident ..... Weather conditions ..... Did police take particulars? ..... If so, give Constable's number and station ..... To which Police Station was the accident reported? ..... Attach copy Notice on Intended Prosecution if any. ....

<b>PLAN OF ACCIDENT</b>	Draw sketch ( starting approximate measurement) showing position of vehicle and person cocerned and the direction in which they were travelling. Also show type and position of traffic signs, skidmarks, pedestrians crossings and other relevation information.			
<b>STATEMENT BY DRIVER</b>	Signature of Driver .....			
<b>STATEMENT BY OWNER OR POLICY HOLDER</b>				
<b>DAMAGE TO INSURED VEHICLE</b>	State briefly apparent damage ..... ..... (In all case where your vehicle is damaged and you are entitled claim under your policy, please send at once to the insurers an estimate for repairs) Repair's name and address ..... .....Tel No. .... is the vehicle still in use? .....When and where can it be inspected ..... .....			
<b>OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED.</b>	<b>Name and address of driver</b>	<b>Reg/No.</b>	<b>Name of Insurer</b>	<b>Other property damaged</b>
	.....	.....	.....	.....
	Name and address of drive:			
<b>PERSON INJURED</b>	<b>Name and address</b>	<b>Relationship to the policy holder</b>	<b>IF Driver or Paddenger Reg.No. of Vehicle</b>	<b>Apparent Injuries</b>
	.....	.....	.....	.....
	.....	.....	.....	.....
<b>INDEPENDET WITNESES</b>	<b>Name</b>	<b>Address</b>		
	.....	.....		
	.....	.....		
<b>PASSENGERS IN YOUR VEHICLE</b>	<b>Name</b>	<b>Address</b>		
	.....	.....		
	.....	.....		

I DECLARE that particular are true and undertake to foward immediately  
(and unanswered) any correspondence relating to this accident.

Date:.....Signature of policy holder .....