

MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

INSURER		POLICY NUMBER:											
BROKER		OUR REFERENCE:											
INSURED	Name and occupation:												
	Identity Number		VAT registration no.										
	Address and (day) phone no:												
VEHICLE	MAKE		TARE		Kilometers completed								
	Registration		Value		Date of purchase and price paid								
	Gross Vehicle Mass Model & Year												
If vehicle subject to Hire Purchase, Credit or leasing agreement, state name and address of Finance company.													
In whose name is the vehicle registered													
DAMAGE	Damage to own vehicle												
	Estimate for repairs or attach quotation												
	Repairers name address and telephone number												
	Where can your damaged vehicle be inspected												
DRIVER	Full name												
	Address												
	Occupation												
	Identity Number												
	Driving Licence	NO.:	DATE:	PLACE:	CODE:	FULL / LEARNER:							
	State fully the purpose for which the vehicle was being used												
	Was he/she driving with your permission?												
	Was he / she in your employ?												
	Is he / she owner of another vehicle. If yes, give name of insurer and policy number.												
	Details of any convictions for motoring offences												
	Has licence ever been endorsed?												
	Has he/she any physical defects?												
	Details of previous accidents												
PASSENGERS (Insured Vehicle)	PASSENGERS IN INSURED VEHICLE		NAME		ADDRESS	INJURY							
	For what purpose were they carried?												
Are they Employees?													
OTHER PARTY	OTHER VEHICLES		REGISTRATION NO.		MAKE		Name and address of owner & Driver		Details of Damage				
	PROPERTY OTHER THAN VEHICLES		Name and address of owner						Details of damage				
PERSONAL INJURIES (OTHER THAN INSURED VEHICLES)		Name of Injured			Relationship to accident e.e. Driver , Passenger etc			Details of Injuries			Name of Hospital if applicable		
WITNESSES	Name, Address and Phone No.												

	Name, Address and Phone No.		
ACCIDENT	Date, Time and Place		
	Speed	Before Accident	kph
	a) weather conditions b) Visibility	a) overcast	b) good
	a) Road Surface b) Width of road	a) wet	b) 3 lanes
	a) Which vehicle lights were on? b) Street lighting	a) both	b) yes
	Was any warning given by you, e.g. hooting, indicator etc.?	Brake lights	
	Police details	Name of Police/ Traffic officer who recorded details of Accident	Police Station and Reference No. Brighton beach police AR no 43/05/2009
	Was the driver tested for Alcohol or drugs?	no	
	DESCRIPTION OF ACCIDENT		
	SCETCH OF ACCIDENT (if necessary use a separate page)		
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 vicinity of scene of accident.			
LICENCE INSPECTED	I have inspected the driver's licence and it is free of endorsements / endorsed as shown.		SIGNATURE:
	Please attach copies of driver's licence and page 1 of driver's identity document.		CAPACITY:
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.		
	SIGNATURE OF DRIVER:		DATE:
SIGNATURE OF INSURED :		CAPACITY	DATE :
N.B 1 – IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.			
N.B.2 - ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPERATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY.			