

Agency Policy No Sum Insured Noted on proposal	Claim No Due Excess
Premium Paid	

MOTOR VEHICLE CLAIM FORM

The issue of this form on receipt of notice of accident is not an admission of liability and it is issued without prejudice. No liability is to be admitted to a third party. No repairs are to be done without the permission of the Company.

A. Insured &	INSURED	URED CONTACT NAME					
CONTACT	NUMBER		SUM INSU	RED	EXCESS		
Registered Owner	INSURED ADDRESS						
	OTHER INTERESTED PARTY OR BILL OF SALE HOLDER						
B. VEHICLE	Make & Type	Year of Model	Engine No.	Registration No	Purpose used at	Insured's	
VEHICLE	Of Body	Tear of Woder	Engine 140.	Registration No	Time of accident	Occupation	
С.	Name in Full			Date of Birt	h		
C. Particulars	Name in Full						
Of Driver	License No Date of Expiry Date First Licensed License Issued by						
	Please state (giving full particulars) 1. if the vehicle was being driven with the owners knowledge & consent						
	Yes No						
	2. If the drivers license has been endorsed to suspend						
	Yes No (When & Why)						
	 3. If the driver is the OWNER/EMPLOYEE/RELATION/ FRIEND (cross whichever is not applicable) 4. If the driver owns his own vehicle Yes No (and the name of his Insurance Company required) 						

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	5. If the driver has been invol	ved in previou	is accidents Yes	No _	(Name of Insurance Company)
	6. if the driver has had a policy of insurance cancelled or declined or an excess or increased premium imposed					
	Yes No					
	7. Was the driver were under the influence of alcohol when the accident occur? If yes, state amount of liquor consumed by the driver during the 12 hours preceding the accident, including when and where?					
	8. Has Police action been threatened? Yes No Charge and identity of person required)					
	9. Was a breathalyzer test requ	nired? Yes	No What	was the res	sult?	
	10. Was a blood test taken? Y	es No	What was the	he result? .		
D. Details of Damage to Own vehicle	1. Details of Damage 2. Is it in a fit condition to drive? 3. Amount of estimate for repairs (attach quote if possible) 4. Where and when can it be inspected? 5. Where do you want your vehicle to be repaired?					
Е.	Names & Addresses	nere to be rept	Property Damage		Injuries	
Details of Damage or						
Injuries to Third parties	Please give details of any claim made on you					
	3. Did the other party admit red4. Vehicle registration Number	sponsibility? . r of the other p	party (s)			
F.	Please give names and addresses of all witnesses.					
Details of Witnesses	Passengers in your vehicle	b)			Phone NoPhone NoPhone No	
	Independent Witnesses	a)			Phone NoPhone No	
	Reported to Police – Yes				Investigation Officers No	
G. Particulars	1. Date					
Of Accident	2. Please describe:a) Where you had been and	where you we	re going			
	, ·	•	0 0			
	b) Your speed just prior to	impact			k.p.h	

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	c) The other parties speed	d just prior to impact	k.p.h
		by either party	
	e) Whom do you considentf) Your reasons for thinking	er was responsible for the accident	
	g) The name and address of	that other person	
		gistration Number	
		iii) Modelured? (If yes, please state name of Insurance Company	
	3. General description of acc	cident	
H. Sketch	1. Please show road measur accident.	rements and the positions of the parties and the cour	rse taken by them leading up to
Plan			
	statements in every respect a in respect of the said accid	hereby, to the best of my/our knowledge and belief, and I/we agree that if I/we have made, or in any further ent, shall make any false or fraudulent statements or rights to recover there under in respect of past or further	declaration of the Company require any suppression or concealment of
	Witness:	Signature of Insured	
	Date:	Date:	

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