



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

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 CONTACT NAME.....
 CONTACT NUMBER.....SUM INSURED..... EXCESS

Registered INSURED ADDRESS
 Owner

OTHER INTERESTED PARTY OR BILL OF SALE HOLDER

B.
VEHICLE

Make & Type Of Body	Year of Model	Engine No.	Registration No	Purpose used at Time of accident	Insured's Occupation

Is the Warrant of Fitness Current Yes No If No, Why

Other insurance Yes No If Yes, Details

C.
 Particulars Name in Full..... Date of Birth.....
 Of Address

Driver License No..... Date of Expiry..... Date First Licensed.....
 License Issued by..... For Vehicle Classes

Please state (giving full particulars)

- if the vehicle was being driven with the owners knowledge & consent
 Yes No
- If the drivers license has been endorsed to suspend
 Yes No (When & Why).....
- If the driver is the OWNER/EMPLOYEE/RELATION/ FRIEND (cross whichever is not applicable)
- If the driver owns his own vehicle Yes No (and the name of his Insurance Company required)

- c) The other parties speed just prior to impact.....k.p.h.....
 - d) Warning signals given by either party.....
 - e) Whom do you consider was responsible for the accident.....
 - f) Your reasons for thinking the other party was to blame (if so)
 - g) The name and address of that other person
 - h) The other vehicle – i) Registration Number.....
 - ii) Make iii) Model.....
 - i) Was that other vehicle insured? (If yes, please state name of Insurance Company).....
3. General description of accident.....
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H. Sketch Plan

1. Please show road measurements and the positions of the parties and the course taken by them leading up to accident.

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/we agree that if I/we have made, or in any further declaration of the Company require in respect of the said accident, shall make any false or fraudulent statements or any suppression or concealment of Policy shall be void and all rights to recover there under in respect of past or further accident shall be forfeited.

Witness: _____ Signature of Insured _____

Date: _____ Date: _____