

# MOTOR ACCIDENT CLAIM FORM



## 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 communications about this Accident, but send them to the Insurers for consideration.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurers.

## POLICYHOLDER

Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Address: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

**POLICY:** Number \_\_\_\_\_ Expiry date \_\_\_ / \_\_\_ / \_\_\_\_\_

**NAME OF HIRE PURCHASE OR FINANCE COMPANY:** \_\_\_\_\_

## VEHICLE

Make & Model \_\_\_\_\_ HP/CC \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Reg. No. of vehicle \_\_\_\_\_ Carrying capacity \_\_\_\_\_ Reg. No. of Trailer \_\_\_\_\_

Carrying capacity \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

**USE:** State the exact purpose for which the vehicle was being used at the time of the accident

\_\_\_\_\_

## COMMERCIAL VEHICLE

Description of goods being carried \_\_\_\_\_

## DRIVER

Name of Owner of goods \_\_\_\_\_ was a trailer attached \_\_\_\_\_

Weight of load on (a) Vehicle \_\_\_\_\_ (b) Trailer(s) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Actual date of birth \_\_\_ / \_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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Is he employed by you? \_\_\_\_\_ How long has he been in your service? \_\_\_\_\_

Was he driving with your permission? \_\_\_\_\_ How long has he been driving Motor Vehicles? \_\_\_\_\_

Was he in any way to blame for the accident? \_\_\_\_\_ Did he admit liability? \_\_\_\_\_

Has he had any previous accidents? \_\_\_\_\_ If so, how many and approximate dates? \_\_\_\_\_

Has he any conviction for any offence in connection with any charges pending? \_\_\_\_\_

If so, give details including 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.: \_\_\_\_\_

## ACCIDENT

Date \_\_\_ / \_\_\_ / \_\_\_\_\_ Time: a.m/p.m Place? \_\_\_\_\_

Type of road surface \_\_\_\_\_ Visibility Wet or Dry \_\_\_\_\_

What lights were showing on your vehicle? \_\_\_\_\_

What warning did your driver give? \_\_\_\_\_ Estimated speed before accident \_\_\_\_\_

Weather conditions \_\_\_\_\_

Did Police take particulars? \_\_\_\_\_ If so, give Constable's number And station \_\_\_\_\_

*\*Attach copy Notice of Intended Prosecution if any*

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## PLAN OF ACCIDENT:

Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information

**STATEMENT BY DRIVER:** ( Attach Separate)

Signature of Driver \_\_\_\_\_

**STATEMENT BY OWNER OR POLICYHOLDER:**

## DAMAGE TO INSURED VEHICLE

State briefly apparent damage \_\_\_\_\_

(In all cases where your vehicle is damaged and you are entitled to claim under your policy. Please send at once to the Insurers an estimate for repairs)

Repairer's name and address \_\_\_\_\_ Tel No.: \_\_\_\_\_

Is the vehicle still in use? \_\_\_\_\_ When and where can it be inspected \_\_\_\_\_

## OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and address of Owner: \_\_\_\_\_ Reg.No.: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Other property damaged: \_\_\_\_\_

Name and address of driver: \_\_\_\_\_

## PERSONS INJURED

Name and address: \_\_\_\_\_ Relationship to the Policyholder \_\_\_\_\_

If Driver or Passenger \_\_\_\_\_ Apparent injuries: \_\_\_\_\_

Reg. No. of vehicle: \_\_\_\_\_

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## INDEPENDENT WITNESS

Name \_\_\_\_\_ Address \_\_\_\_\_

## PASSENGERS IN YOUR VEHICLE

Name \_\_\_\_\_ Address \_\_\_\_\_

I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature of Policy holder \_\_\_\_\_