

Motor Vehicle Claim Form

(Delete Sections not Applicable)

INSURER	Policy No		HP Account No	
----------------	-----------	--	---------------	--

INSURED	Name and Occupation	
	Physical Address	
	Postal Address	
	Tel. No & Cell No	
	Bank Account No	

VEHICLE	If Vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company	Make	VIN No	G.V.M.	Km reading
		Registration No	Value	Model & Year	Date of Purchase & price paid

DAMAGE	Damage to own vehicle	
	Estimate for repairs/attach quotation	
	Repairers name, address & Tel. No	
	Where can vehicle be inspected?	
	Was vehicle towed - by whom?	

DRIVER	Full Name					
	Address					
						Tel no
	Occupation/ Date of Birth					
	Licence Details	No	Date	Place	Code	Full or learners
	State fully the purpose for which the vehicle is being used					
	Was he/she driving with your permission?					
	Is he/she in your employ?					
	Has he/she any motor insurance on own car? If yes, state policy No. & Company?					
	Details of any convictions for motoring offences					
	Has licence been endorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					

PASSENGERS	Name	Address	Injury
	For what purpose were they being transported?		
Are they employed?			

OTHER PARTY	Other Vehicles:	Registration No	Make	Name & Address of Owner of Vehicle	Name & Address of Driver (if different)	
				ID	ID	
		Insurance Company		Claim No.	Tel	
	Property other than vehicles	Name & Address of owner		Details of damage		

OTHER PARTY continued	Personal injuries (Other than in insured vehicle)	Name of injured	Relationship to accident. eg. Driver, Passenger	Details of injuries	Name of Hospital if applicable

WITNESSES	Name, Address & Phone No		
	Name, Address & Phone No		
THEFT To be completed in the event of a vehicle theft claim	Date, time & place of theft		
	Was the vehicle left locked?		
	Who now has the vehicle keys?		
	Police Station & Reference No		
	Vehicle, engine & chassis No	Colour of Vehicle	
	If accessories stolen, provide full details		

INCIDENT	Date, time & place			
	Speed	Before Accident	Kmph	Moment of impact
				Kmph
	Weather conditions	General	Visibility	
	Road surface	Surface	Width of road	
	Lights	Which vehicle lights were on:	Street lighting	
	Was any warning given by you e.g. Hooting, indicators, etc?			
	Police Details Date Reported	Name of Police/Traffic office who recorded details of accident	Police Station	Reference No
	Was driver tested for alcohol or drugs?		Results	
	Description of Incident (Use separate page if necessary)			

	Sketch of Accident	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 (use separate page if necessary)
--	--------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DECLARATION	<p>I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.</p> <p>Signature of Driver _____ Date _____</p> <p>Signature of Insured _____ Date _____</p> <p><i>NB. It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.</i></p>
--------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------