

# Claim Form

## Motor Vehicle

### SECTION 1 (To be completed by Owner)

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Policy No.....Expiry Date.....Sum Insured K.....  
 Name of Insured.....Occupation.....  
 Address.....Phone No.....  
 Make of Vehicle.....Year Model.....Mileage.....Registered No.....

Are you the sole owner of the Motor Vehicle registered?.....Date of Expiry.....20.....

Give name of Company which issued (a) a Comprehensive Policy.....  
 (b) Compulsory Third Party Policy.....

Have you ever (a) Let the vehicle on hire or used it for the carriage of fair paying passengers?.....  
 (b) Used the vehicle for any purpose other than that declared in the policy?.....

For what purpose was the vehicle used? (a) Normally.....(b) on this occasion.....  
 Was Vehicle being used with your knowledge and consent?.....Did you accompany the driver?.....

If employee driving was he acting within the scope of your authority?.....

Is a trailer used in connection with the motor vehicle?.....If so, was it attached?.....Value.....  
 Nature of loss or damage to Insured Motor Vehicle, also trailer and radio (if any)

.....  
 .....

If tyres damaged, approximate mileage of tyres.....Size and type.....

What steps have been taken to removed Vehicle to place of safety?.....

Name of owner of breakdown truck (if any).....Vehicle in a fit condition to be driven?  
 .....

Where can damaged Vehicle be inspected?.....  
 Do you desire any particular repairer to undertake repairs?.....  
 If so, give name and address.....

**Please complete all questions fully and return immediately.**

### SECTION 2 (To be completed by Driver)

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Name of Driver.....Occupation.....Age.....  
 Address.....Phone No.....  
 Driving Licence No.....Date of Expiry.....20.....

Are you (a) the Owner; (b) Employee; (c) Relation or Friend of the Owner?.....

If you are not the owner of the Vehicle referred to above:

Do you own a Motor Vehicle?.....If so, where is same insured?.....

Was it in use at time of the accident?.....

State particulars of your previous motor accidents.....

Have you ever been refused Motor Vehicle Insurance or had a Policy declined or cancelled or a franchise or increased premium imposed?.....

Have you ever been prosecuted for a traffic offence or had your licence endorsed or suspended?.....  
 If so, state when and why.....

Have you any physical defect in limbs, eyesight or hearing?.....If so, give particulars.....  
 .....  
 .....

**Particulars Of Accident**

Date.....day of.....20.....at.....a.m./p.m.

Place where accident occurred.....

Estimated speed of your vehicle at time of impact.....m.p.h.; 25 yards before impact.....m.p.h.

Was horn of your Vehicle sounded or other warning signal given?.....If so, in what manner?.....

On what side of road was your Vehicle travelling?.....

How far were you from left kerb?.....Width of road at place of accident.....

Estimated speed of other vehicle at time of impact.....m.p.h.; 25 yards before impact.....

Did the driver of the other Vehicle give any warning signal of his approach or intentions.....  
 If so, in what manner.....

Was it alleged that anyone was under the influence of liquor?.....  
 If so, whom?.....

If accident occurred after sundown were headlights burning brightly or dipped? Your Vehicle.....  
 Other Vehicle.....

**Please complete all questions fully and return immediately.**

State type of road surface (earth, gravel, bitumen, concrete)..... Width of road.....

What was the condition of the roadway (wet or dry, rough or otherwise)?.....

Describe weather conditions (fine, raining, foggy, etc.)..... Was visibility good?.....

Was the accident caused by any failure or breakdown of your Vehicle? Give particulars  
.....

**SECTION 2 (To be completed by Driver) Continued**

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Was the accident reported to the police?..... If so, where?.....  
Constable's No..... Name..... Stationed at.....

Has Police action been taken or threatened in connection with the accident?.....  
If so, what charge has been made or threatened?.....

Do you consider that the accident was caused or contributed to by the fault of negligence of any other  
person?.....  
What are your reasons for so thinking?.....  
.....

If so, give name and address and occupation of such person?.....  
.....

Did you admit that you were at fault?..... Did the other driver so admit?.....

State clearly any conversation you had with other drivers and/or witnesses and/or injured persons-  
.....  
.....  
.....

State clearly and fully how the accident occurred.....  
.....  
.....  
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**Please complete all questions fully and return immediately.**

**PLAN** – Show name and width of streets, skid marks and obstructions to vision, etc.

STREET INTERSECTION 

CURVED STREET 

PERSONS 

YOUR VEHICLE 

OTHER VEHICLE 

(Direction of travel indicated by Arrow in Symbol)

**Names and addresses of all witnesses of accident**

Passengers in your motor vehicle

.....  
 .....  
 .....

Independent witnesses

.....

Witnesses – It is most important that Names and Addresses of all Independent witnesses of the Accident should be obtained, whether the Driver considers himself to blame or not. If no witnesses obtained stated reason.....

**Other vehicle or property damage**

Name of Owner.....Address.....

Name of Driver.....Address.....

Description of property damaged.....If vehicle details and Reg. No.....

Nature of damage.....Estimate of damage (if known) K.....

Are you aware if the other Vehicle, or property, is insured? If so, with what company?.....

Has any claim been made against you by a third party?.....

By whom?.....

Give particulars

.....  
 .....

**Please complete all questions fully and return immediately.**

**Persons Injured**

Give the undermentioned particulars concerning persons injured as result of this accident. (No approach should be made to an injured party to ascertain any of these details.)

NAME (State Mr, Mrs or Miss)	AGE	ADDRESS	DOCTOR	HOSPITAL	INJURY

We declare the foregoing particulars to be true in every respect to the best of our knowledge, information and belief.

Signature of Insured.....Signature of Driver.....

Witness.....Witness.....

Broker.....Date.....20.....

**Please complete all questions fully and return immediately.**