

**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?					
	<b>* Was vehicle towed - by whom?</b>					
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 where they being transported?									
	Are they employed?									
OTHER PARTY	Other Vehicles	Reg 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>
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