

## **MOTOR ACCIDENT CLAIM FORM**

*The issue of this Form is not to be construed as an admission of liability by the Company*

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POLICY NO: ----- CLAIM NO:-----

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### **(1) INSURED**

- (a) FULL NAME: ----- AGE:-----  
(b) ADDRESS : ----- Box No:-----  
(c) OCCUPATION:----- Telephone No. -----
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### **(2) PARTICULARS OF INSURED'S VEHICLE/CYCLE**

- (a) Make:-----H.P. OR c.c.-----Registration letters and No:-----  
(b) Color of car:-----Year of Car-----  
(c) State whether the vehicle is on Hire Purchase/Lease-----Name of Company-----  
(d) State nature, weight and owner of goods being conveyed-----  
(e) State whether the Vehicle/Cycle was being used for Private, Social and Pleasure or Business purposes  
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(f) Was a Sidecar fitted to the cycle at the time of the accident? -----
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### **(3) DRIVER/ CUSTODIAN AT TIME OF LOSS**

- (a) Name of driver/ custodian at the time of the accident/ loss:-----Age-----  
(b) Address of Driver:-----  
(c) Drivers License No:-----Date and Place of issue-----  
(For company use). License inspected by-----  
  
(i) Was driver in control with your permission? -----  
(ii) State whether Friend, Relative or Employee-----  
(iii) Has he/she ever being charged or convicted for an offense in driving of a Vehicle or Cycle? -----  
(iv) State in how many accidents he/she has being involved-----
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### **(4) DETAILS OF ACCIDENT/ LOSS**

- (a) Date of accident -----20----- Time-----a.m./p.m.  
(b) Place of occurrence-----

- (c) Speed of Vehicle/Cycle (i) Prior to accident?-----  
(ii) At the moment of the accident? -----
- (d) What was the road width? -----
- (e) Was the road wet or dry? -----
- (f) Was your Vehicle /Cycle on near side? -----  
(i) If so, how far from kerb? -----  
(ii) If not, what part of the road? -----
- (g) In what direction was vehicle/cycle being driven? -----
- (h) Was due warning given? -----
- (i) What lamps were in use? -----
- (j) Whom do you consider responsible accident? -----
- (k) Was responsibility for accident admitted? If so, by whom? -----  
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- (l) To which police station was the accident reported ?------(I)Police Report No.-----
- (m) Was vehicle securely locked..... Are the Keys in your possession.....
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**(5) DAMAGE TO INSURED'S VEHICLE /CYCLE**

- (a) Give details of damage-----
- (b) Where and when can the vehicle /cycle be inspected? -----
- (c) Estimate cost of repairs:.....
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**(6) WITNESS**

- (a) Name and address of persons in or on the insured Vehicle/cycle other than the Driver:-----  
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- (b) Names and addresses of Independent Witnesses of the accident:-----  
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- (c) If no names were taken give reason why? -----
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**(7) DAMAGE OR INJURY TO PERSONS OR PROPERTY**

- (a) Name of person injured or owner of damaged property-----
- (b) Address -----
- (c) Occupation-----Age-----
- (d) Full Particulars of injuries -----
- (e) Full Particulars of damage to property -----
- (f) Has notice of any claim by Third Party been given either verbally or in writing? If verbal notice please give Particulars-----

**N.B.-ANY COMMUNICATION THAT YOU RECEIVE REGARDING THE ACCIDENT SHOULD BE SENT UNANSWERED TO THE COMPANY IMMEDIATELY.**

**(8) SUMMARY**

Please explain fully how accident occurred and give a rough sketch.

**EXPLANATION OF HOW THE ACCIDENT OCCURED**

**EXPLANATORY SKETCH**

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**DECLARATION**

I/We declare to the best of my/our knowledge and believe the foregoing particulars and the information appearing herein are a complete and full disclosure of the circumstances connected with this claim, that they are true and correct, I/We undertake to render the Company every assistance in my/our power in dealing with the matter .I/We Also declare that there is no other insurance under which claim can be made in respect of the accident or loss, and that I am /we are the sole owner /owners of the said vehicle and property.

Date -----20----- Signature of Insured-----

Signature of Driver (If other than the insured)-----

(Print Name & Initials)-----