



MOTOR VEHICLE CLAIM FORM

1. Name of Insured _____
2. Address _____ Telephone No. _____
3. Make of vehicle _____ Model _____
Registration No. _____ Engine No. _____ Chassis No. _____
4. Briefly explain exactly how the accident happened _____

5. State date and the time at which the accident occurred _____ at _____ a.m
p.m
6. At what speed was the vehicle travelling ? _____
7. Who was driving the vehicle at the time of accident _____
8. State driver's age ____ Licence No. _____ Has Licence ever been endorsed ? _____
9. Was the driver or any other occupant of your vehicle injured ? if so give particulars :

10. Has the accident been reported to the Police ? _____
11. State police officer's number _____ Station to which attached _____
12. Where can the vehicle be inspected ? _____
13. Please give Name, Address and Telephone No _____

IF THIRD PARTY HAS BEEN INJURED OR DAMAGE HAS BEEN CAUSED TO THE VEHICLE OR OTHER PROPERTY OF THIRD, PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTION :-

1. Name and address of person injured or owner of other vehicle of property damaged

 2. Nature of personal injury _____
 3. Nature of damage to other vehicle or property _____
 4. Make of other vehicle _____ Registration No. _____
 5. Has any claim been made against you ? _____
- N.B- In no circumstance will payments in respect of the above be entertained without the written approval of the company.

I solemnly declare that to the best of my knowledge and belief the foregoing particulars are true and correct in every respect .

Date _____

Witness _____

N.B.- All questions must be answered

Insured's signature