



MOTOR VEHICLE CLAIM FORM

CLIENT No. _____

AGENCY No. _____

ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF THE COMPANY'S LIABILITY. NO LIABILITY IS TO BE ADMITTED TO A THIRD PARTY. NO REPAIRS ARE TO BE DONE WITHOUT THE PERMISSION OF THE COMPANY. IF YOU RECEIVE ANY COMMUNICATION IN ANY WAY CONNECTED TO THE ACCIDENT PLEASE FORWARD TO THE COMPANY IMMEDIATELY

CLIENT No.	POLICY No.	DUE DATE	EXCESS	SUM INSURED	CLAIM No.
NAME:					PHONE:
ADDRESS:					WORK
MORTGAGEE/LESSOR:					HOME
					FAX
MAKE & TYPE OF BODY	YEAR MODEL	ENGINE No.	REGO. No.	PURPOSE OF USE AT TIME OF ACCIDENT	No. OF PASSENGERS OR WEIGHT OF LOAD

- IN WHOSE NAME IS THE VEHICLE REGISTERED?
- PLEASE STATE IF VEHICLE IS UNDER HIRE PURCHASE (AND AMOUNT OWING)
- GIVE ADDITIONAL PARTICULARS IF YOU ARE OTHERWISE NOT THE SOLE OWNER
- DO YOU HOLD ANOTHER POLICY INDEMNIFYING YOU IN RESPECT OF THIS ACCIDENT (PARTICULARS REQUIRED)
- CERTIFICATE OF FITNESS 6. ISSUED BY 7. DATE OF EXPIRY
- DATE OF ISSUE 9. REGISTRATION STICKER No. 10. DATE OF ISSUE
- HAS THE VEHICLE BEEN MODIFIED IN ANY WAY?..... IF YES GIVE DETAILS.....

DRIVER DETAILS

NAME IN FULL DATE OF BIRTH ADDRESS.....

LICENCE No. AND TYPE..... DATE OF EXPIRY.....

- WAS THE VEHICLE BEING DRIVEN WITH THE OWNERS KNOWLEDGE AND CONSENT?
- HAS THE DRIVERS LICENCE BEEN ENDORSED OR SUSPENDED (WHEN & WHY)?
- IS THE DRIVER THE OWNER, EMPLOYEE, RELATION AND/OR FRIEND?
- DOES THE DRIVER OWN HIS OWN VEHICLE (AND THE NAME OF HIS INSURANCE COMPANY)?
- HAS THE DRIVER EVER HAD A POLICY OF INSURANCE CANCELLED OR DECLINED OR AN EXCESS OR INCREASED PREMIUM IMPOSED?.....
- HAS THE DRIVER BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OR TRAFFIC OFFENCE (NOT INCLUDING PARKING)?
- WHAT AMOUNT OF LIQUOR WAS CONSUMED BY THE DRIVER DURING THE 12 HOURS PRECEEDING THE ACCIDENT, INCLUDING WHEN AND WHERE?
- PLEASE ADVISE IF IN CONNECTION WITH THE ACCIDENT POLICE ACTION HAS BEEN THREATENED (CHARGED AND IDENTITY OF PERSON REQUIRED)

DETAILS OF DAMAGE TO INSURED VEHICLE:

- DETAILS OF DAMAGE
- IS IT IN A FIT CONDITION TO DRIVE?
- AMOUNT OF ESTIMATE FOR REPAIRS (ATTACH QUOTE IF POSSIBLE)
- WHERE AND WHEN CAN IT BE INSPECTED

MARK WITH AN **X** ALL AREAS DAMAGED ON YOUR VEHICLE IN THE ACCIDENT.

INDICATE DIRECTION OF IMPACT

FRONT

REAR

LEFT

RIGHT

