

MOTOR CLAIM FORM

PLEASE ANSWER ALL QUESTION FULLY SO YOUR CLAIM CAN BE PROCESSED QUICKLY

POLICY HOLDER DETAILS

Name..... Mr/Mrs/Ms  
 Address..... Province.....  
 Telephone Work..... Home..... Occupation.....  
 Policy Number.....Expiry.....  
 Has the policyholder been convicted with any offences from the use of a Motor Vehicle? Yes/No  
 If Yes, please give details .....

If insufficient space, please attach separate sheet

INSURED VEHICLE DETAILS

Name of registered Owner of vehicle..... Registration No .....  
 Make of Vehicle ..... Model.....Year of Manufacture.....  
 Is the vehicle financed..... Hire Purchase..... Leasing..... Others .....  
 Name of finance company..... Account/Contact No.....  
 Was the vehicle being used with the policyholders knowledge and consent? Yes/No

DRIVER OF THE INSURED VEHICLE

Drivers Name..... Mr/Mrs/Ms  
 Address..... Province.....  
 Telephone Work..... Home..... Mobile #.....  
 Occupation..... Relationship to Policyholder..... DOB .....  
 Current drivers license #.....Expiry..... Do you own a vehicle? Yes/No  
 If yes, was your vehicle operative at the time you borrowed our policyholders vehicle? Yes/No  
 If no, state reason why your vehicle was inoperative? .....

Is your vehicle insured? Yes/No Name of the company .....  
 Has the driver ever made a claim under a Motor Vehicle Policy or been convicted of any offence arising from the use of a motor vehicle. Yes/No  
 If you answered Yes, please give details.....

Was intoxicating liquids or drugs consumed by the driver within 24hours prior to the incident? Yes/No  
 If yes, state how much and when .....

THE ACCIDENT

Date of Accident..... Time of Accident.....am/pm  
 Day (wet/dry)..... Location (street name).....

Draw a sketch of the insured vehicle at the time of accident

Number of Vehicle involved..... Details of vehicle involved.....  
 .....  
 .....

Clearly state how the accident occurred and who was at fault .....  
 .....  
 .....

Did a Police Officer attend to the accident? Yes/No                      Police Station .....  
 Name Of Officer.....Did the Officer indicate who was at fault?                      Yes/No  
 Name of person charged/cautioned .....  
 Name of charge/caution .....

**OWN DAMAGE**

Is the vehicle severely damaged? Yes/No If yes, has a quotation been obtained? .....  
 Where is the damaged vehicle located? ..... How was it towed?.....  
 Who authorised the towing? .....Date/Time.....am/pm.

**THIRD PARTY DAMAGE**

Is the vehicle severely damaged? Yes/No If yes, has a quotation been obtained? .....  
 Where is the damaged vehicle located? ..... How was it towed?.....  
 Who authorised the towing? .....Date/Time.....am/pm.  
 Is the third party vehicle insured? Yes/No If Yes, please provide name/address of insurer .....

**THIRD PARTY PROPERTY DAMAGE**

Please describe the property and the damage .....  
 .....

Owners postal address .....  
 Telephone Work..... Home..... Mobile #.....

**EYE WITNESS**

Were there any witnesses? Yes/No If Yes, was the witness in the insured vehicle? Yes/No  
 Name.....(Mr/Mrs/Ms) Postal Address .....  
 Telephone Work..... Home..... Mobile #.....  
 Name.....(Mr/Mrs/Ms) Postal Address .....  
 Telephone Work..... Home..... Mobile #.....

**DECLARATION**

The information and answer given above are truthful and accurate. No information likely to affect this claims has been withheld.

Drivers Signature..... Date.....

To the best of my belief, the answers given above are truthful and accurate. No information likely to affect this claims has been withheld. I/We understand that this claim maybe refused if information is untrue, inaccurate or concealed.

Policyholders Signature..... Date.....