

MOTOR CLAIM FORM

CLAIM NO.: _____

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS CLAIM
ALL COMMUNICATIONS RECEIVED IN CONNECTION WITH THIS ACCIDENT MUST BE
FORWARDED TO THE COMPANY UNANSWERED: AND PLEASE DO NOT ADMIT LIABILITY
FOR THE ACCIDENT ON BEHALF OF THE COMPANY

Name: _____ Policy No. _____

Address: _____

Business or Occupation: _____ Tel. No.: _____

1. PARTICULARS OF THE DRIVER

(a) Name: _____ Age: _____

(b) Address: _____

(c) Driving Licence No: _____ Date: _____

(d) Date first license obtained: _____ (e) Is he in your permanent employment: _____

(f) Has ever been (i) Refused Motor Insurance? _____

(ii) Convicted of any Motoring offence? _____

(g) If so, please give details: _____

(h) Does he own a vehicle himself? _____ If so, give the Name and Address of his insurers: _____

2. PARTICULARS OF YOUR VEHICLE

(a) Make of Vehicle: _____ Year of Manufacture(model): _____

(b) Reg. No. _____ Engine No.: _____ Chassis No.: _____

(c) For what purpose was the vehicle being used at the time of the accident: _____

(d) No. of Passenger carried: _____ (e) Unladen Weight: _____ (f) Carrying capacity: _____

3. DETAILS OF THE ACCIDENT

(a) Where did it happen: _____

(b) Date of Loss: _____ Time of Loss: _____ What was your speed: _____

(c) Were your lights on: _____ Was your horn sounded? _____

(f) How far from the kerb was your vehicle? _____

(g) Whom do you think was to blame for the accident? _____

4. PLEASE DESCRIBE IN DETAILS HOW THE ACCIDENT HAPPENED

5 (a).Where can your vehicle be inspected: _____

(b) What is the extent of damage to the vehicle _____

(Please attach Estimate of repairs, If it has been obtained)

6. (a) Was any other vehicle involved? _____ Registration No. _____

(b) Name and address of owner _____

(c) Name and address of driver _____

(d) Extent of damage (if any) _____

7. Name and address of people injured

(i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

8. Has any claim been made on you? _____ If so, by whom? _____

9. Did the Police (i) Witness the accident? _____ (ii) Take particulars _____

10. At what Police Station was the report made _____

11. NAME AND ADDRESS OF WITNESSES

(i) PASSENGERS IN YOUR VEHICLE

(ii) OTHERS

PLEASE DRAW A ROUGH SKETCH OF THE ACCIDENT

I/WE declare that the foregoing answers are true and complete and that I/We hold no other policy indemnifying me/us in respect of this claim. I/We request you to deal on my/our behalf with third party claims arising herein, in accordance with the terms and conditions of the above mentioned policy, and I/We authorise you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

Date _____

Insured's Signature _____