MOTOR CLAIM FORM

Claim No:	
Policy No:	
Amount:	
Date Paid:	

Name of insured: ______________________________________

Address: ______________________________________

Tel: ________________ **Fax:** _______________ **Email:** ___________________________________

Motor #	Reg. #	Make & Year	Seats	Type of Insurance
				☐ Third Party ☐ Third Party Fire & Theft ☐ Comprehensive ☐ Third Party Ltd. Com

DETAILS OF ACCIDENT OR LOSS

Date and time of Accident/Loss: ____

Location: ____

What side of the road was the Vehicle: ____

Before the Accident: ____

After the Accident: ____

What was the condition of the road? ____

Was a Policeman present at the scene of the Accident? ☐ Yes ☐ No

If so, provide name and number of the officer: ____

When was the accident reported? ____

Where is the Vehicle at the moment? ____

For what purpose was the vehicle being used? ____

DETAILS OF DRIVER

Name: ____

Relationship (Friend, Employee, Relative): _______________________ Tel: ____________________

Address: ____

Age: ___________ Lic. No: _____________________ Type: ____________________

Date of Issue: __________________ Date of Expiration: ______________________________

Driving experience: ____

Was He/She permitted to drive? ☐ Yes ☐ No

OWN DAMAGE

Was your vehicle Damaged? ☐Yes ☐No

If Yes, Give Details: ____

____

____

What is your estimate of the damage: ______________________________

THIRD PARTY DAMAGE

Deductible: ______________________

If a vehicle, give: Make: ______________ Year: _______ Reg. No: ______________

What is your estimate for repairs? ______________________________

Name and Address of owner: ______________________________

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Telephone number: ______________________

Where is the vehicle at the moment? ______________________________

Insured at: ______________ License No.: ______________ Expiry date: ______________

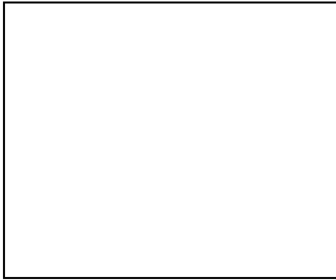
For What purpose was the Vehicle being used? ______________________________

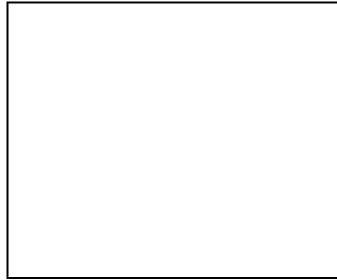
PERSONS INJURED

NAME	AGE	ADDRESS	PEDESTRIAN	PASS. IN PH'S CAR	PASS. IN OTHER CAR	EXTENT OF INJURY

SKETCH OF THE SCENE OF THE ACCIDENT

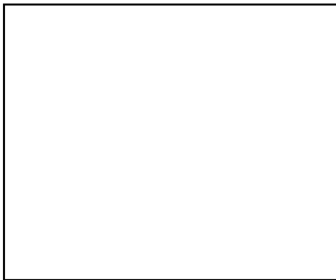
NORTH



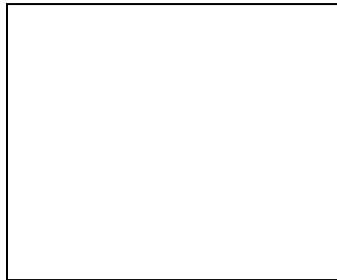


1. Show clearly the position of the cars at the time of the accident.
2. Shade the area where there is no road.

WEST **EAST**



SOUTH



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Was a writ sent to the Policyholder? ☐Yes ☐No If yes, state date, name and address of Lawyer: _______

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GENERAL REMARKS

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I/We declare that the above particulars are true to the best of my/our knowledge and belief.

___________________________________ **Dated this** _________________________

Signature

STATEMENT