

**MOTOR CLAIM FORM**  
**PLEASE FURNISH ALL DETAILS USING THIS REPORT**

<b>INSURED:</b>	Name .....	Address .....				
	Telephone No. Home .....	Business.....				
<b>MOTOR VEHICLE DETAILS</b>	Make/Model.....	Year .....	Reg NO .....			
	Name of Owner .....	Address .....				
	For what purpose was the vehicle being used .....					
	Name of Hire-Purchase Company (if any) .....	Amount Outstanding.....				
<b>DRIVER DETAILS</b>	Driver's full name .....	Date of Birth .....	Driver's License No .....			
	Date & Place of Issue .....	Full or Provisional .....	Class(es).....			
	Endorsements Yes ..... No ..... If Yes, When & Why .....					
<b>DATE &amp; TIME OF ACCIDENT</b>	Date of Accident .....	Tim: .....	Place of Accident:.....			
	Describe weather conditions .....	Describe Road Condition .....				
<b>DESCRIPTION OF ACCIDENT</b>	Who authorised use of Motor Vehicle .....		Why: .....			
	Speed: ..... If object collided with was moving, what direction was it going: .....					
	Police station reported to: .....		IR/TAB NO: .....			
	If matter was not reported to police, please advise reason: .....					
	Number of persons in the insured motor vehicle: .....					
<b>PERSONS INJURED</b>						
Indicate by (X) if injured was:						
<b>Name</b>	<b>Address</b>	<b>Apparent Age</b>	<b>Relationship to Insured</b>	<b>Occupant of insured's car</b>	<b>Occupant of other car</b>	<b>Pedestrian</b>
Nature and extent of injuries: .....						
If medical attention was rendered give name of doctor: ..... Where were the injured taken .....						
<b>DAMAGE TO PROPERTY OF OTHERS</b>	Name of owner: .....			Address: .....		
	Kindly of property (If motor vehicle give make & Year): .....					

	Nature and extent of damage: .....
	Estimated cost of repair: ..... Has claim been made: .....
	Is claimant insured: ..... Claimant's License Number:.....
	Name of insurance company: .....


**IT IS IMPORTANT TO COMPLETE BOTH SIDES OF THIS REPORT FORM**

Whenever possible please obtain names and addresses of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved.

	NAMES	ADDRESSES
<b>WITNESSES NAMES &amp; ADDRESSES</b>	..... ..... .....	..... ..... .....

<b>DAMAGE TO INSURED VEHICLE</b>	Parts damaged and extent: ..... Estimated cost of repairs: .....  <p align="center"><i>Repairs should only commence with the company's consent.</i></p> Name of party who caused the damage: ..... Address:.....  Is he insured? ..... If so name of company if known: .....  Where can the vehicle be seen: .....
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<b>DRIVER'S ACCOUNT OF LOSS</b>	Driver's Statement: ..... ..... .....  Date: ..... Signature: .....
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<b>DIAGRAM OF ACCIDENT</b>	<div style="text-align: right;"> <b>North</b>   </div> <p align="center"><i>GIVE STREET NAMES, DIRECTION AND LOCATION OF OBJECTS CONCERNED</i></p>
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**DECLARATION:** I/We hereby declare and warrant that all the information, including any document(s) that I/We have provided herein, is true and correct and that I/We have not withheld from the Company any information within my/our knowledge in connection with the accident or loss. I/We further acknowledge that the information I/We have provided herein will induce the insurer to act thereon and accordingly declare that by signing below, I/We warrant that the information I/We have provided herein, in its entirety, is true and correct.

Date ..... Name of Insured .....Signature of Insured .....