



# Motor Vehicle Claim Form

ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF THE COMPANY'S LIABILITY

CLIENT NUMBER	POLICY NUMBER	DUE DATE	EXCESS	SUM INSURED	CLAIM NUMBER

INSURED'S FULL NAME(S) .....

ADDRESS .....

PHONE BUSINESS ..... PRIVATE .....

MOBILE ..... FACSIMILE .....

EMAIL ADDRESS .....

MORTGAGEE (IF APPLICABLE): .....

**VEHICLE DETAILS:**

YEAR, MAKE & MODEL .....

REGISTRATION NUMBER ..... VIN NUMBER ..... NO OF PASSENGERS OR WEIGHT OF LOAD .....

CERTIFICATE OF FITNESS ..... ISSUED BY .....

DATE OF ISSUE ..... DATE OF EXPIRY .....

PURPOSE OF USE AT TIME OF ACCIDENT ..... IN WHO'S NAME IS THE VEHICLE REGISTERED? .....

PLEASE STATE IF THE 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) .....

HAS THE VEHICLE BEEN MODIFIED IN ANY WAY? (IF YES, GIVEN DETAILS) .....

**THE DRIVER OR PERSON IN CHARGE OF THE VEHICLE**

FULL NAME ..... DATE OF BIRTH .....

ADDRESS .....

OCCUPATION .....

LICENCE NUMBER ..... DATE OF ISSUE .....

TYPE OF LICENCE AT TIME OF ACCIDENT  FULL  RESTRICTED  LEARNERS DATE OF EXPIRY .....

WAS THE VEHICLE BEING DRIVEN WITH THE OWNERS KNOWLEDGE & 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 THEIR OWN VEHICLE (NAME OF INSURANCE COMPANY) .....

HAS THE DRIVER HAD A POLICY OF INSURANCE CANCELLED OR DECLINED OR AN EXCESS OR INCREASED PREMIUM IMPOSED? .....

HAS THE DRIVER EVER BEEN CHARGED OR CONVICTED OF ANY CRIMINAL OR TRAFFIC OFFENCE(S) AND/OR INFRINGEMENTS (NOT INCLUDING PARKING) .....

HAD THE DRIVER TAKEN ANY MEDICATION IN THE 24 HOURS PRIOR TO THE ACCIDENT? .....

WHAT AMOUNT OF LIQUOR WAS CONSUMED BY THE DRIVER DURING THE 12 HOURS PRECEDING THE ACCIDENT, INCLUDING WHEN AND WHERE? .....

WAS A BREATHALYSER, OR BLOOD TEST, OR OTHER TEST REQUIRED? .....

PLEASE ADVISE IF IN CONNECTION WITH THE ACCIDENT, POLICE ACTION HAS BEEN THREATENED (CHARGED AND IDENTITY OF PERSON REQUIRED) .....

**OTHER VEHICLES INVOLVED IN THE ACCIDENT:**

FULL NAME .....

ADDRESS .....

YEAR, MAKE & MODEL ..... REGISTRATION NUMBER .....

PLEASE USE SEPARATE SHEET (IF REQUIRED) FOR FURTHER DETAILS.  
NOTE: ALL WRITTEN COMMUNICATION FROM ANY OTHER PARTY MUST BE FORWARDED IMMEDIATELY TO US.

**PLEASE GIVE NAMES AND ADDRESSES OF ALL WITNESSES:**

FULL NAME ..... PHONE NUMBER .....

FULL NAME ..... PHONE NUMBER .....

**DETAILS OF DAMAGE TO INSURED VEHICLE:**

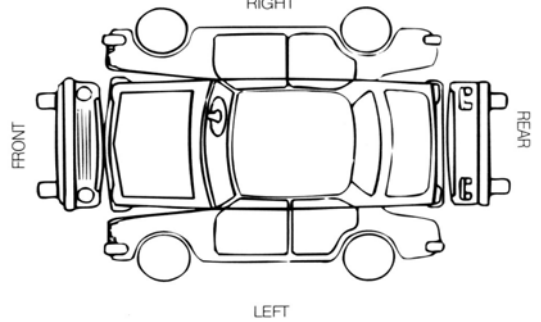
DETAILS OF DAMAGE: .....

IS THE VEHICLE IN A FIT CONDITION TO DRIVE?  YES  NO

AMOUNT OF ESTIMATE FOR REPAIRS (ATTACH QUOTE IF POSSIBLE) .....

WHERE AND WHEN CAN THE VEHICLE BE INSPECTED? .....

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



**POLICE DETAILS:**

DID THE POLICE ATTEND THE SCENE?  YES  NO

IF NOT, HAVE THE POLICE BEEN NOTIFIED OF THE LOSS?  YES  NO

WHICH POLICE STATION WAS THE LOSS REPORTED TO? .....

IS THERE ANY LIKELIHOOD OF POLICE ACTION BEING TAKEN? .....  
(IF YES, AGAINST WHOM): .....

PLEASE MAKE A ROUGH PLAN OF ROAD SHOWING DISTANCE AND POSITIONS OF ALL VEHICLES AND PERSONS CONCERNED SHOWING BY ARROWS THE DIRECTION THEY WERE TRAVELLING. YOUR VEHICLE TO BE MARKED (A) AND OTHER PARTIES (B), (C) AND SO ON, WITH POINT OF IMPACT SHOWN. (IF REQUIRED PLEASE USE SEPARATE SHEET).

DATE OF ACCIDENT ..... TIME ..... PLACE .....

PLEASE DESCRIBE WHERE YOU HAD BEEN AND WHERE YOU WERE GOING .....

YOUR SPEED PRIOR TO IMPACT .....KPH OTHER PARTIES SPEED PRIOR TO IMPACT .....KPH

WARNING SIGNALS GIVEN BY EITHER PARTY .....

WHOM DO YOU CONSIDER RESPONSIBLE FOR THE ACCIDENT AND WHY? .....

GENERAL DESCRIPTION OF THE ACCIDENT .....

STATE CLEARLY CONVERSATION BETWEEN YOU AND THE OTHER DRIVERS .....

**DECLARATION  
PLEASE READ THIS CAREFULLY BEFORE SIGNING**

I/WE DECLARE THE PARTICULARS ON THIS DOCUMENT TO BE TRUE AND CORRECT IN EVERY RESPECT AND THAT THE COMPLETION OF THIS FORM AND THE SIGNING OF THIS DOCUMENT IS A CLAIM ON THE COMPANY AND NOTE ONLY A NOTICE OF ACCIDENT. I FURTHER ACKNOWLEDGE THAT ANY UNTRUTH, MISREPRESENTATION OR SUPPRESSION BY OR ON BEHALF OF ME IN ANY DECLARATION OR STATEMENT IN SUPPORT OF THE CLAIM MADE HEREIN MAKE THE POLICY UNDER WHICH THIS CLAIM IS MADE VOID AND THE PREMIUM FORFEITABLE..

I/WE AUTHORISE TOWER TO OBTAIN PERSONAL INFORMATION ABOUT ME/US FROM ANY OTHER PARTY AND TO RELEASE INFORMATION RELATING TO THIS CLAIM TO OTHER PARTIES.

INSURED SIGNATURE(S): ..... DATE: .....

WITNESS: ..... DATE: .....