

MOTOR ACCIDENT STATEMENT/CLAIM FORM THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

CHECKLIST: PLEASE TICK THE DOCUMENTS SUBMITTED

STRICT REQUIREMENT BEFORE YOUR CLAIM IS CONSINDERED

IF THE OTHER PARTY IS TO BLAME FOR THE ACCIDENT, KINDLY ENSURE THAT:

- 1. YOU COMPLETE SUBROGATION DETAILS ON SECTION NO.11 IN THE CLAIM FORM BELOW.
- 2. OBTAIN A LETTER FROM THE THIRD PARTY DULY SIGNED AND ACKNOWLEDGED WHICH IS ADDRESSED TO THEIR INSURER REPORTING THE CLAIM AND ADMITTING THEIR FAULT.
- 3. SUBMIT THEIR COPY OF INSURANCE, WHITE BOOK AND DRIVER'S LICENSE.

OTHERWISE PLEASE PROCEED TO SUBMIT THE FOLLOWING:

- COMPLETED CLAIM FORM
- ORIGINAL ADMISSION OF GUILT RECEIPT
- POLICE REPORT

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- COPY OF DRIVER'S LICENCE
- PREMIUM PAYMENT RECEIPT
- COPY OF MOTOR CERTIFICATE
- COPY OF CERTIFICATE OF INSURANCE
- THREE QUOTATIONS FROM ANY APPROVED GARAGE
- INSPECTION OF MOTOR VEHICLE

NB: NOTE THAT YOU WILL BE REQUIRED TO PAY 10% OR 20% TOWARDS THE TOTAL COST OF THE CLAIM AS WELL AS CONTRIBUTIONS TOWARDS REPLACEMENT OF PARTS THAT ARE SUBJECT TO WEAR AND TEAR.

THE ACTUAL AMOUNT WILL BE ADVISED ONCE THE CLAIM HAS BEEN ADJUSTED.

PLEASE ANSWER ALL QUESTIONS IN FULL.

1. POLICY HOLDER DETAILS

Policy No	Cover Note No
Period of Insurance: from	to
Name of the Insured	
Business/Occupation	
Telephone No	
Insured's email address	
Physical address	

2. DRIVER DETAILS

Name of driver
Date of Birth
License No
Date Obtained
Was he/she in any way to blame for the accident?
Did he/she admit liability?
Does he/she own a Motor Vehicle?

3. VEHICLE DETAILS

Make		Year	
Reg No	Engine No		
Chasis No	Colour		
Are you the sole owner of the vehicle?	Yes	No	
If not, name of other interested parties/Financiers			
Name and address of owner			

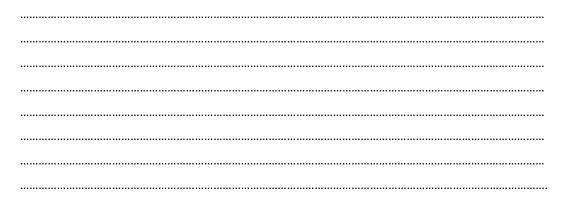
4. COMMERCIAL VEHICLES

Was the trailer attached?.....

5. LOSS/DAMAGE/THEFT DETAILS

Date & Time	Speed	
Place		
Type of road surface		
Purpose for which the vehicle was being used at the	e time of accident	
If only parts were stolen from the vehicle, plea	se give full	
details:		
Was the accident reported to the police? YES	NO	
Date reported		
Time reported		
Did the police visit the scene of the accident? YES	NO	
Name of police officerI	dentity No	
Name of police station		
Please advise the current location of the damaged vehicle for inspection purposes and state		
whether mobile		

6. STATEMENT BY DRIVER

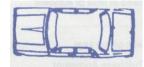


7. STATEMENT BY INSURED

8. Draw a sketch stating the approximate measurement(s) showing positions of vehicle(s) and person(s) involved. Also state the direction in which they were travelling. (include type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information where possible).

SKETCH

Mark the damaged areas relating to the accident



9. PERSONS INJURED (COMPLETE ON AN ATTACHMENT PAPER IF MORE THAN ONE PERSON INVOLVED

Name..... Address.....

Phone Number	
Nature of injury	
Name of hospital	
Name of doctor	Telephone No

10. THIRD PARTY PROPERTY DAMAGE

Name
Property Details

11. IF THE OTHER PARTY IS TO BLAME FOR THE ACCIDENT, PLEASE INDICATE:

Name of Owner	Tel No	
Vehicle Reg. No	Make	
Name of Insurer		
Period of Insurance		

DECLARATION

I do hereby to the best of my knowledge and belief, warrant the truth of the foregoing statements in every aspect and agree that if I have made any false or fraudulent statement, the policy shall be cancelled, and the claim forfeited.

I agree to provide additional information to the company if required.

Name of Insured	Signature	Date
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