

MOTOR ACCIDENT CLAIM FORM

(Delete sections not applicable)

POLICY NUMBER					
INSURED	Name & Occupation				
	Address & Phone No.	I D No.	Vat No.		
	If vehicle subject to Hire Purchase Credit or Leasing Agreement, state name & address of Finance Co. Registered owner of vehicle?	Make Year & Model	Registration No.	Value	
DAMAGE	Damage to own vehicle				
	Estimate for repairs				
	Repairers name, address and telephone number				
	Where can vehicle be inspected?				
DRIVER	Full Name				
	Address				
	Occupation				
	Identity Number				
	Driving Licence				
	State fully the purpose for which the vehicle was being used				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Is he/she owner of another vehicle? If yes, give name of Insurer & Policy Number				
	Has licence ever been endorsed?				
	Has he/she any physical defects?				
	Details of previous accidents				
PASSENGERS	PASSENGERS IN INSURED VEHICLE	Name	Address	Injury	
For what purpose were they carried?					
Are they employees?					
OTHER PARTY	VEHICLES	Reg Number	Make	Name & Address of Owner & Driver	Details of Damage
	PROPERTY OTHER THAN VEHICLES	Name and Address of Owner			Details of Damage
	PERSONAL INJURIES (OTHER THAN INSURED VEHICLES)	Name of Injured	Relationship to Accident e.g. Driver, Passenger, etc.		Details of Injuries and Hospital if applicable

WITNESSES	Name, Address & Phone No.				
	Name, Address & Phone No.				
DETAILS OF ACCIDENT	Date, Time, Place				
	Speed				
	a) Weather Conditions b) Visibility	a)	b)		
	a) Road Surface b) Width of Road	a)	b)		
	a) Which lights were on b) Street lights	a)	b)		
	Was any warning given by you, e.g. Hooting, etc.				
	Was driver tested for alcohol or drugs?				
	Police Details	Name of Police Officer who recorded details of Accident		Police Station & Case Number	
	DESCRIPTION OF ACCIDENT				
SKETCH OF ACCIDENT <small>(if necessary use separate page)</small>	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident				
LICENCE INSPECT.	I have inspected the driver's licence and it is free of endorsements/endorsed as shown. Signature _____				
	Please attach copies of driver's licence and page one of driver's identity document Capacity _____				
VARIATION	We hereby declare the foregoing particulars to be true in every respect.				
	Signature of Driver _____		Date _____		
	Signature of Insured _____		Capacity _____ Date _____		
N.B. 1 IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND					

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N.B. 2 ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPARATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY