



MOTOR ACCIDENT CLAIM FORM

(Delete sections not applicable)

INSURED	Insurer	Policy No.				
	Name					
	Occupation					
	Address & Telephone No					
VEHICLE	If vehicle is subject to a Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company	Make	Tare	Gross Vehicle Mass	Odometer Reading	
		Registration No	Value	Model	Date of purchase	
		Purchase price				
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quote					
	Repairers name address and telephone number					
	Where can your damaged vehicle be inspected?					
DRIVER	Full Name					
	Address					
	Occupation	Date of Birth	Tel No.			
	Drivers Licence	No	Date	Place	Code	
	State fully the purpose for which the vehicle was being used		Private	<input type="checkbox"/>	Business	<input type="checkbox"/>
	Was the vehicle being used with your permission?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Was the driver in your employ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Has the driver any motor insurance? If YES, please state Policy No and Insurer					
	Details of any convictions for motoring offences					
	Has licence been endorsed?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Does the driver have any physical defects?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Details of previous accidents					
PASSENGERS (insured Vehicle)	Details of Passengers in the Insured vehicle	Name	Address		Injury	
	For what reason were they being transported?					
Are they employees?						
OTHER PARTY DETAILS	Damage to other vehicle	Registration No.	Make / Model	Name and address of owner and driver	Details of damage	
	Damage to property other than vehicles	Name and address of owner			Details of damage	

Personal Injuries (other than in Insured vehicles)	Name of injured	Relationship to accident e.g. driver, passenger etc.	Details of injuries	Name of hospital (if applicable)	
WITNESSES	Name		Address	Telephone No	
THEFT	Date		Time	Place	
	Was vehicle locked?				
	Who has the keys?				
	Police Station		Reference No		
	Engine No		Chassis No	Colour	
	Details of Accessories stolen				
DETAILS OF ACCIDENT	Date		Time	Place	
	Speed		Before accident	On impact	
	Weather conditions		Visibility		
	Road Surface		Width of road		
	Which vehicle lights were on?		Street lighting		
	Was any warning, e.g. hooting, indication etc. given by you				
	Police details	Name of Officer		Police Station	
	Was the driver tested for alcohol or drugs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Result of test
	Description of accident				
Sketch of Accident (if necessary, please use a separate page)	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety or warning signs in the vicinity of the scene of accident.				
LICENCE INSPECTION	I have inspected the driver licence and it is free of endorsements / endorsed as shown			Signature	
				Capacity	
DECLARATION	We hereby declare the foregoing particulars to be true in every respect				
	Signature of driver			Date	
	Signature of owner	Capacity		Date	
	NB. It is important that you notify Insurers immediately you become aware of any impending prosecution, inquest or demand				