



MOTOR INSURANCE CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

Please Note That:- It is necessary that great care should be taken in completing this Form and the information given therein should be strictly accurate, irrespective of whether it is in your favour or otherwise. You should not make any payment, offer or promise of any payment or admit liability in anyway, as by so doing you may prejudice your position and make settlement a difficult matter.

POLICY NO: _____ RENEWAL _____

Name of Insured: _____

E-mail Address: _____

Postal Address: _____ Occupation: _____

Telephone: _____

PARTICULARS OF MOTOR VEHICLE CONCERNED:

Registration No.: _____ Make: _____

Model: _____ Year of Make: _____

Is the vehicle the subject of a hire purchase or loan agreement? Yes/No

If so state name of finance company or lending organisation:

State fully the purpose of which the vehicle was being used. (It is not sufficient to state "BUSINESS" OR "PRIVATE") _____

Was the vehicle being used with your consent? Yes/No



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THIRD PARTIES INVOLVED IN ACCIDENT

Names and addresses of persons injured and the extent of their injuries:-

Injured persons in your vehicle:

1. _____ 2. _____

3. _____ 4. _____

Injured persons in the other vehicle:

1. _____ 2. _____

3. _____ 4. _____

State details of other vehicle involved:-

Reg. No _____ Make: _____

Model: _____

State name and address of the driver of this vehicle: _____

State name and address of the owner of this vehicle: _____

State name and address of Insurer of this Vehicle and policy Number: _____

Details of damage to this vehicle: _____

Has any claim been made upon you? Yes/No



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If so, state particulars below and note that any letter or communication received by you must be forwarded immediately unanswered, to this Company: _____

Has any person involved in the accident been given a notice of intended prosecution by the Police? Yes/No.

If so, state details: _____

Witnesses: 1. _____

2. _____

3. _____

Was the accident reported to the Police? Yes/No.

If so, state date reported and at which Police Station: _____

Name Police Constable who took particulars: _____

PARTICULARS OF PERSON DRIVING AT TIME OF ACCIDENT

Full Name: _____

Address _____ Age: _____

Occupation: _____ Tel: _____

Driving License No. _____ Date of Issue: _____

For what group of vehicles has the licence been issued: _____



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Has the driver ever been convicted of any motoring offence? Yes / No.

If so give details: _____

State whether the person driving at the time of accident was:

(a) The Owner (b) An Employee (c) Relative or Friend: _____

If an employee, how long has he been in your employment as a driver? If owner was not driving _____

State whether the person driving owns a vehicle himself? Yes / No.

If so state name and address of the insurer of the person driving and number of Policy held by him/her.

CIRCUMSTANCES OF ACCIDENT

Date and Time: _____ 20 _____

At _____ a.m. /p.m.

Exact Location of Incident: _____

Speed of Vehicle: _____

If after Lighting up time what lights were lit on your vehicle: _____

How many persons were in your vehicle at the time of the accident? _____

If you were not in the vehicle, when was accident reported to you: _____



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I declare that the above-statement is true in all respect to the best of my knowledge and belief and I hereby leave in the hands of the company in accordance with the Conditions of the Policy the conduct of all claims and litigation arising out of this accident and to which the Policy applies, to deal with, to prosecute and / or settle as they think fit without further reference to me and I undertake to give all such information and assistance as the Company may require.

Date: _____ Signature: _____

SKETCH

Please make a Sketch showing position of vehicle and persons concerned both before and after the Accident, and showing the direction in which they were travelling.

POSITION BEFORE ACCIDENT

POSITION AFTER ACCIDENT