

# Motor Accident Claim Form



Policy number	Insurer
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## 1 Insured

Name and occupation			
Physical address			
<b>Contact details</b>	Business	Email	Cell

## 2 Vehicle

Make	Kilometers completed
Registration	Value
Model and year	Chassis/VIN number
In whose name is the vehicle registered?	Date purchased <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### If vehicle is subject to hire purchase, credit or leasing agreement

State name, address and account number of finance company .....

State date and cost for any previous accident sustained during the past three years .....

Has any insurer refused any application for insurance by you during the past three years .....

## 3 Damage

Details of damage to own vehicle .....

Estimate for repairs (Attach two quotations): **M**

Repairer's name .....

Address .....

<b>Contact details</b>	Business	Email	Cell
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Is the vehicle still in use?

Location of vehicle for assessment

## 4 Driver

Full name	
Residential address	Date of birth
	Contact numbers
Occupation	
Identity/Passport number	

**Driver continued**

Drivers License: **Please attach - Enlarged clear copy of driver's license**

State fully the purpose for which vehicle was being used

Was he/she driving with your permission?

Was he/she in your employ?

Has he/she any motor insurance on own car? If yes, state Policy number and Company

Details of any conviction for motoring offence

Has license been endorsed?

Has he/she any physical defects?

Details of any convictions for motoring offence

Number of passenger being carried

**5 Driver continued (Insured Vehicle) Passengers in insured Vehicle**

Name .....

Residential address ..... Tel .....

Injury

Name .....

Residential address ..... Tel .....

Injury

Name .....

Residential address ..... Tel .....

Injury

For what purpose were they carried?

Are they employees?

**6 Other Party (Personal injuries - other than in insured vehicle)**

Name of injured .....

Relationship to accident. e.g. driver, passenger, etc .....

Details of injuries .....

Name of hospital (if applicable) .....

Name of injured .....

Relationship to accident. e.g. driver, passenger, etc .....

Details of injuries .....

Name of hospital (if applicable) .....

This accident must be reported to Local Police Traffic Department using special accident report form, within 14 days if there is any likelihood of injuries.

**7 Other Party continued (Other vehicles)**

Registration number	Make
Name of owner .....	
Address .....	Tel .....
Name of driver .....	
Address .....	Tel .....
Details of damage .....	
.....	

Registration number	Make
Name of owner .....	
Address .....	Tel .....
Name of driver .....	
Address .....	Tel .....
Details of damage .....	
.....	

**Property other than vehicles**

Name of owner .....	
Address .....	Tel .....
Details of damage .....	
.....	

Name of owner .....	
Address .....	Tel .....
Details of damage .....	
.....	

**8 1st Witness**

**2nd Witness**

Name .....	Name .....
Address .....	Address .....
Tel number .....	Tel number .....

**9 Accident**

Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time and place
<b>Speed</b>	
Before accident kph	Moment of impact kph
<b>Weather conditions</b>	<b>Visibility</b>
<b>Road surface</b>	<b>Width of road</b>
<b>Which vehicle lights were on?</b>	<b>Street Lighting</b>



**11 Payment method (NB. Bank letter required)**

Please specify the name of the bank, branch, name of account and account number.

Name of Bank	<input type="text"/>	Branch	<input type="text"/>
Name of Account	<input type="text"/>	Account Number	<input type="text"/>

**12 Declaration**

We hereby declare the foregoing particulars to be true in every respect

Signature of driver	Capacity
Signature of insured	Capacity
	Date <input type="text"/>

**It is important that you notify TIB insurance brokers immediately should you become aware of any impending prosecution inquest or demand.**