## **Motor Accident**

Claim Form



Policy number		Insurer					
Insured							
	Name and occupation						
Physical address	Physical address						
Contact details	Business	Email	Cell				
Vehicle	Vehicle						
Make		Kilometers compl	leted				
Registration		Value					
Model and year		Chassis/VIN num	Chassis/VIN number				
In whose name is the ve	ehicle registered?	Date purchased					
If vehicle is subject to I	hire purchase, credit or l	easing agreement					
State name, address an	State name, address and account number of finance company						
State date and cost for any previous accident sustained during the past three years							
Damage	Has any insurer refused any application for insurance by you during the past three years						
Details of damage to own vehicle							
Estimate for repairs (Atta	Estimate for repairs (Attach two quotations): <b>M</b>						
Repairer's name							
Address							
Contact details	Business	Email	Cell				
Is the vehicle still in use?							
Location of vehicle for assessment							
Driver							
Full name							
Residential address		Date of hirth	Date of birth				
С		Date of biltin					
Occupation							
Occupation		Contact numbers					

	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				
	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.				

	Other Party Continued (Other Vehicles)						
	Registration number		Make				
	Name of owner						
	Address						
	Name of driver						
	Address						
	Details of damage						
	Registration number		Make				
	Name of owner						
	Address	Tel					
	Name of driver						
	Address						
	Details of damage						
	Property other than vehicles						
				٦			
	Name of owner						
	Address						
	Details of damage						
	Name of owner						
	Name of owner  Address  Tel						
	Details of damage						
8	1st Witness	2n	nd Witness				
	Name	Na	me				
			ddress				
	Tel number	Tel	number				
9	Assistant						
3	Accident Date		Time and place				
	Speed						
	Before accident k Weather conditions	ph	·	kph			
	Weather Conditions		Visibility				
	Road surface		Width of road				
	Which vehicle lights were on?		Street Lighting				
	willon vehicle lights were on?		Sueet Lighting				

Accident continued Was any warning given by you, e.g hooting, indicators, etc?					
Who, in your opinion was at fault? And why?					
Police details					
Name of Police/Traffic officer who recorded details of accident					
Reference No. Tel					
Was the driver tested for alcohol or drugs					
Description of accident (Own account)					
Please show clearly the point of impact and indicate the direction of travel by arrows, Give details of any road safety signs in the vicinity of the scene of accident.	Sketches of accident Please show clearly the point of impact and indicate the direction of travel by arrows, Give details of any road safety signs in the vicinity of the scene of accident.				
This must be the driver / insured own sketch. "Not the police report"					

11	Payment method (NB. Bank letter required)			
	Please specify the name of the bank, branch	, name of account and account number.		
	Name of Bank	Branch		
	Name of Account	Account Number		
12	<b>Declaration</b> We hereby declare the foregoing particulars to be true in every respect			
	Signature of driver	Capacity		
	Signature of insured	Capacity		

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

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