



PARTICULARS OF INSURED:

Name of Insured _____ TRN _____
 Home Address _____ Date of birth _____
 Email address _____ Telephone # _____ Cell phone # _____
 Occupation _____ Name of Employer _____
 Business Address _____ Business # _____

PARTICULARS OF INSURANCE

Policy # _____ Type of Policy _____ Type of cover _____
 (i.e. Private Car or Commercial) (i.e. Comprehensive or Third Party)
 Insured value _____ Excess _____ Period of insurance _____

PARTICULARS OF VEHICLE

Licence Plate No. _____ Chassis No. _____ Make _____ Model _____
 Year of manufacture _____ Left/Right hand drive _____ Colour _____
 Condition of tyres _____ Was there any un-repaired damage prior to the accident? _____
 If so, give details _____
 Name and Address of any Bank or Company with a financial interest in the vehicle _____

 Type of Road Licence: i.e. Private, Private C.M.C., Public C.M.C. or P.P.V. _____

PARTICULARS OF USE

State in detail the purpose for which the vehicle was being used at the time of the accident _____
 _____ Were goods being carried? _____
 If yes, state the nature of the goods and the weight of the load _____
 How many persons were in the vehicle? _____ Were they being charged a fee to be transported? _____
 Who gave the driver permission to use the vehicle? _____
 What is the relationship between the driver and the Insured? _____
 Was the Insured in the vehicle when the accident took place? _____

PARTICULARS OF DAMAGE TO INSURED VEHICLE

List main damage _____ Where is the vehicle? _____
 What is the estimated cost of repairs? \$ _____ Was a wrecker used to move the vehicle? _____
 If yes, provide name & telephone number of the company _____
 Name & telephone number of your repairer? _____

(IN ALL CASES WHERE YOUR VEHICLE IS DAMAGED AND YOU ARE ENTITLED TO CLAIM UNDER YOUR POLICY, PLEASE SUBMIT AN ESTIMATE OF REPAIRS TO THE COMPANY WITHIN 14 DAYS)

PARTICULARS OF PERSON DRIVING

Driver's Name _____ Occupation _____

Address _____ Telephone # _____

Date of Birth _____ TRN _____ Driver's Licence # _____

Date Issued _____ By which Tax Office? _____ Type of Licence _____

Classes of vehicles specified on the licence _____ Has the licence been endorsed? _____

If so, give particulars _____ Is he/she employed by you to drive? _____

If no, state name of his/her employer _____

Has the driver been involved in any accident in the past three years? ___ If yes, give details of including dates _____

Does the driver own a vehicle? _____ If so, where is it insured? _____

State the type of cover? _____ Has he/she ever been refused Insurance or his/her cover cancelled? _____

Has he/she been convicted for any offence in connection with any motor vehicle? _____

If so, give details including dates _____

Does he/she suffer from any physical infirmity, defective vision or hearing? _____ If so, give details _____

TO BE COMPLETED ONLY IF THE PERSON DRIVING HAS A LEARNERS PERMIT.

Name & address of person sitting in the other front seat _____

Does that person have a licence? ___ Number _____ Date issued _____ Type of Licence _____

At which Tax Office issued? _____ Classes of vehicles specified on the licence _____

Has it been endorsed? _____ For what? _____

PARTICULARS OF ACCIDENT:

Date of accident? _____ Time _____ a.m./ p.m. Place _____

Who caused the accident? _____ Did the Police investigate or take particulars? _____

Name of Policeman _____ Number _____ Police Station _____

Were you warned for prosecution? _____ Was the other person warned for prosecution? _____

Did the driver (or third party) of the other vehicle seem to be under the influence of liquor? _____

Have you received any indication of a claim from the other driver (or third party)? _____

Condition of road _____ Type of surface _____ Weather _____

Were seatbelts /helmets being worn at the time of the accident? Yes/ No _____

	Insured's Vehicle	Other Vehicle
Direction of Travel?		
On which side of road?		
Speed (a) Before accident		
(b) At the time of accident		
Lights (on, off, dim or bright)		
Was horn sounded?		
Was indicator on or off?		

PARTICULARS OF PASSENGERS IN INSURED’S VEHICLE:

Name	Address	Occupation	Relationship to the insured	Nature of injury (if any), and hospital attended

PARTICULARS OF THIRD PARTIES (NB. Use additional sheets of paper if necessary)

If any pedestrians or cyclists were involved state: -

- (a) Name and address _____
- (b) Nature of injury, if any _____
- (c) Damage to cycle _____

If other vehicle(s) was/were involved state: -

Vehicle 1

Registration No _____ Type of vehicle _____ Insurance Company _____

Owner’s name and address _____

Driver’s name and address _____

Nature of damage _____ Approximate cost of repairs \$ _____

How many passengers were in the vehicle? _____ Were the persons in the vehicle injured? Yes/No

If yes, state their names, addresses and details of their injuries: -

Name and Address	Occupation	Injury if any

Vehicle 2

Registration No _____ Type of vehicle _____ Insurance Company _____

Owner’s name and address _____

Driver’s name and address _____

Nature of damage _____ Approximate cost of repairs \$ _____

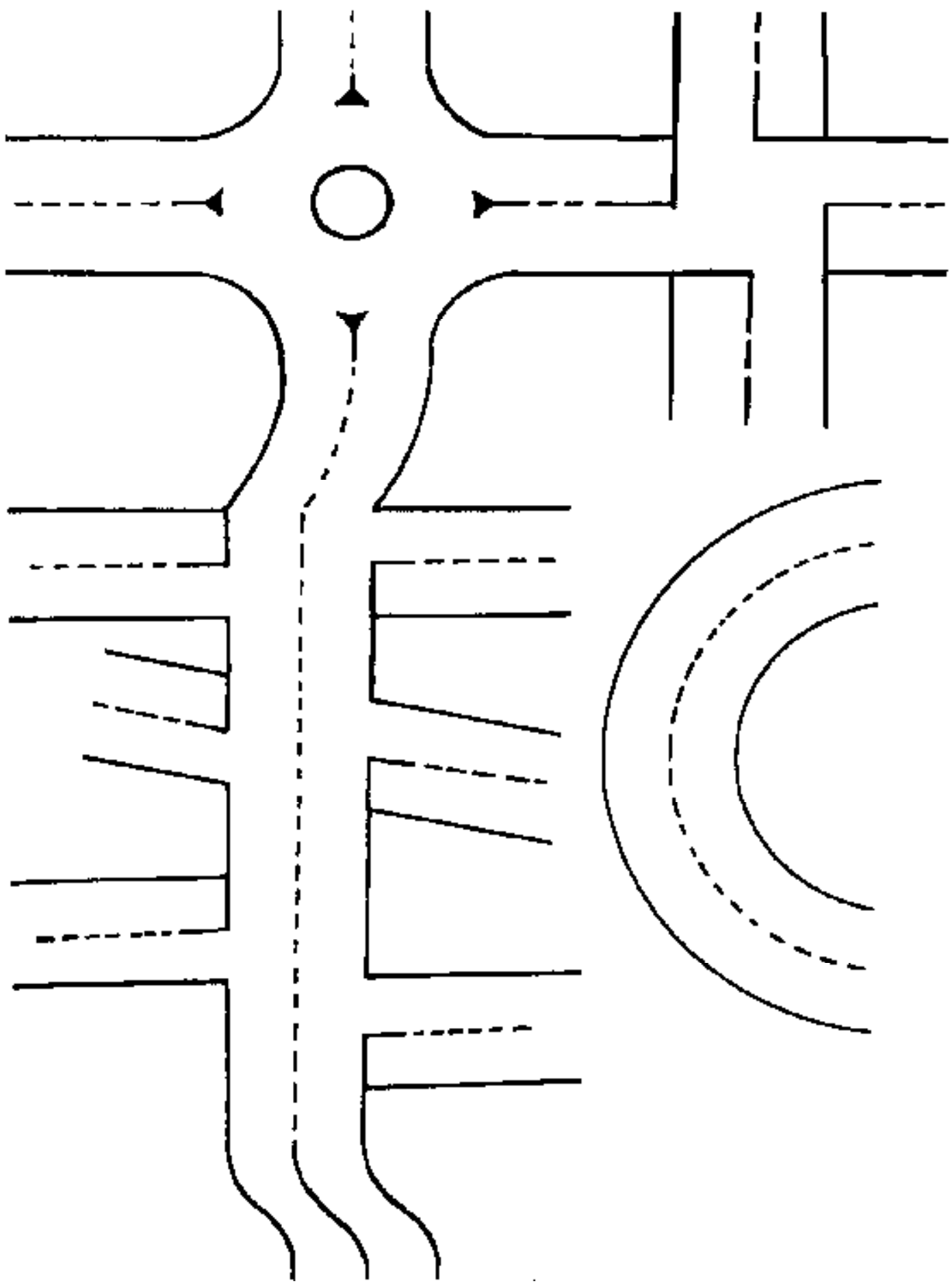
How many passengers were in the vehicle? _____ Were the persons in the vehicle injured? Yes/No

If yes, state their names, addresses and details of their injuries: -

Name and Address	Occupation	Injury if any

Did the driver or owner sign a written admission of liability? If so, please attach it.

List any damage caused to other property (such as walls, fences, cultivations, animals). Provide name and address of owner and details of damage: -



PLEASE
INDICATE
AREA
OF
DAMAGE

