



Insurer		Inception Date:			Type of Cover:		
		Policy No.			Broker Claim No.		
Insured	Name and Occupation						
	Address and Phone No.						
Vehicle	Make		Gross Vehicle Mass		Kilometers completed		
	Registration		Sum Insured		Model and Year		Date of purchase and price paid
If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company							
Damage	Damage to own vehicle						
	Estimate for repairs or attach quotation						
	Repairers name, address and telephone number						
	Where can your damaged vehicle be inspected						
Driver	Full name						
	Address			Phone No.			
	Occupation and Date of Birth						
	Drivers Licence		No.	Date	Place	Code	Full Learner
	State fully the purpose for which the 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 No. and Company.						
	Details of any convictions for motoring offences						
	Has licence ever been endorsed?						
Has he/she any physical disability?							
Details of previous accidents							
Passengers (insured vehicle)	Name		Address			Injury	
	Passengers in insured vehicle						
For what purpose were they carried?							
Are they employees?							
Other Party	Damage to other vehicles		TP Name:		TP Insurers:		Details of damage
			TP Driver:		TP Insurer's Contact Details:		
			TP Registration Number:		TP Policy number:		
			TP Telephone Number:		TP Claim Number:		
			TP Address:				
Damage to property other than vehicle		Name and Address of Owner			Details of damage		
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

Witnesses	Name, Address and Phone No.			
	Name, Address and Phone No.			
Theft	Date, time place of theft			
	Was the vehicle left locked?			
	Who is now in possession of the keys?			
	Police station and reference no.			
	Vehicle engine and chassis no.		Colour of vehicle	
	If accessories stolen provide full details			
Accident	Date, time and place			
	Speed	Before accident	Moment of impact	
	a) Weather conditions b) Visibility	a)	b)	
	a) Road surface b) Width of road	a)	b)	
	a) Which vehicle lights were on b) Street lighting	a)	b)	
	Was any warning given by you e.g. hooting, indicator etc.?			
	Police Details	Name of Police/Traffic Officer who recorded details of the Accident	Police Station and Reference No.	
	Was driver tested for Alcohol or drugs?			
	Description of Accident			
Sketch of Accident (If necessary use separate page)	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.			
Licence Inspection	I have inspected the driver's licence and it is free of endorsements/endorsed as shown.			
	Signature _____ Capacity _____			
Declaration	I hereby declare the foregoing particulars to be true in every respect.			
	Signature of driver: _____		Date _____	
	Signature of Insured _____		Capacity _____ Date _____	
N.B. It is important that you notify us/insurers immediately you become aware of any impending prosecution, inquest or demand.				