



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			
	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company	Registration	Sum Insured	Model and Year	Date of purchase and price paid		
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.			