

### MOTOR CYCLE ACCIDENT CLAIM FORM

(Delete sections not applicable)

Company/Surname:		Initials		Title	
Policy Number		ID No		VAT Reg. No	
Telephone (H)		(W)		Cell Phone	

#### ADDRESS

Postal		Postal Code	
Residential		Postal Code	

#### LOSS

Place of loss			
Date of loss		Time of Loss	

#### INSURED MOTORCYCLE

Make		Model	
Year		Engine Number	
Chassis Number/VIN No		Registration Number	
Date of Purchase		Price Paid	
Kilometers completed			
Registered Owner			
Where can the vehicle be inspected?			
Estimate for repairs (attach quote)			
Finance Company (if any)			
Type of Agreement		Account Number	
State name, address and account number of Finance Company			

#### DRIVER DETAIL

Surname		Initials		Title	
ID No					
Address					
Contact Number					

#### OTHER PARTY

Other Vehicles	Yes	No			
Name of Driver		Contact No		Registration Number	

#### PROPERTY OTHER THAN VEHICLE

Name of Owner		Tel No	
Address			
Detail of Damage			

INJURED PERSON			
1. Name		Tel. No	
Address			
2. Name		Tel No	
Address			

WITNESSES			
1. Name		Tel No	
2. Name		Tel No	

POLICE DETAILS	
Name of Police/Traffic officer who Recorded details of accident	
Police station, case number and date reported	
Was driver tested for alcohol or drugs ?	

ACCIDENT DETAILS			
Speed before Accident	(KPH)	Speed on Impact	(KPH)
Description of Accident			

**Sketch of incident**

For what purpose was the Motorcycle being used	
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BANK DETAILS			
I have inspected the driver's licence and it is free of endorsements/endorsed as shown			
Method of Payment	Direct to Account	Cheque	
Account details if payment is done directly to account			
Account Holder			
Account Number		Bank Branch	
Current Account	Transmission Account	Savings Account	

Declaration		
I/We hereby declare the foregoing particulars to be true in every respect		
_____ Signature of Driver	_____ Capacity	_____ Date
_____ Signature of Insured	_____ Capacity	_____ Date

N.B. Please notify the Insurers should you become aware of any impending prosecution, inquest or defraud