

MOTOR VEHICLE CLAIM FORM			
<p>This form is sent whenever an accident or loss is intimated. It must be completed and returned within 2 days of receipt. All questions must be answered fully. Dashes are not sufficient. Please use BLOCK LETTERS (Where questions require a "Yes" or "No" answer, tick that which is applicable)</p>			Issued by From (office) Date issued
			Policy Number
1. THE PREMIUM	Paid to :		Date:
2. THE INSURED	Full Names (Mr./Mrs./Miss) Surname/Family Name		
2.1 Full residential address			E-mail
2.2 P O Box/Telephone No.s	P O Box Number	Business Telephone	Home Telephone
2.3 Occupation/Date of birth	Occupation		Date of Birth
3 THE VEHICLE	Date purchased by Insured	From whom	Estimated value at the time of loss \$
3.1 Manufacture details	Make Year	Carrying Capacity	Type of Body Horse Power/c.c.
3.2 Registration Book Specifications	Registration Number	Engine Number	Chassis Number
3.3 Hire Purchase/Lease Details	Name of Hire Purchase/Lease Company		Amount owing \$
3.4 Is vehicle owned by the Insured?	Yes <input type="checkbox"/>	If "No", please advise by whom?	
	No <input type="checkbox"/>		
3.5 Is vehicle modified to increase performance above specifications?	Yes <input type="checkbox"/>	If "Yes", please provide full details	
	No <input type="checkbox"/>		
3.6 Description & name of owner of any goods carried in the vehicle.			
3.7 Description & number of trailers attached to the vehicle.			
3.8 Give details of damage to the insured vehicle.			
3.9 Estimated cost of repairs & where it can be inspected?			
3.10 For motor cycles only	Was side-car attached?	Pillion passenger carried?	Was driver a learner?
4. THE DRIVER	N.B. These questions must be answered whether the insured was driving the vehicle or not		
4.1 Full names	Mr./Mrs./Miss. First Names		Surname/Family Name
4.2 Full residential address			
4.3 P O Box/Telephone Numbers	P O Box Number	Business Telephone	Home Telephone
4.4 Occupation/Date of birth	Occupation		Date of Birth
DRIVING LICENCE	Date first issued	Place of issue	Licence number
4.5 (must be produced)			
4.6 Details of licence	Authorised classes	Has licence ever been endorsed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
			If "Yes", please give dates and full details.
4.7 FOR OFFICIAL USE ONLY (Authorised Insurance Company Official only to complete this section)	Original/Duplicate/Copy licence inspected. We confirm all details are correct.		Date inspected:
	Remarks:		Official's Signature:

4. THE DRIVER (Cont.)		Please give a definite answer to each question			
4.8	State precisely reason for the use of the vehicle at the time of the loss/accident?				
4.9	Was he/she driving with the insured's knowledge and consent?	Yes	<input type="checkbox"/>	If "No", please give full details	
		No	<input type="checkbox"/>		
4.10	Is he/she employed by the insured?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.11	Was he/she driving under the influence of alcohol and/or drugs?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.12	Was driver tested for alcohol/drugs?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.12	Does he/she suffer from any mental or physical defect?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.13	Has he/she ever been charged or convicted of any motoring offence?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.14	Has he/she been involved in any motor accident previously?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.15	Has he/she ever been refused motor vehicle insurance?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.16	Has he/she ever had special terms imposed on their insurance policy?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.17	Has he/she have a motor policy in his/her own name?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
4.18	Is he/she being charged by any authority as a result of this accident?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
5. THE ACCIDENT		Date:		Time:	a.m./p.m.
5.1	At what time and date was the insured advised of accident?		a.m./p.m.	Date:	
5.2	Did the driver admit liability?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
5.3	Who does the insured believe was to blame and why?				
5.4	Name and address of ALL passengers in insured vehicle.				
5.5	Was driver or any of the passengers injured in the accident?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
5.6	Do you employ any of them?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
5.7	Names and addresses of any independent witnesses				
5.8	Name, number and station of the attending/reporting Police Officer.	Name & Rank		Number	Police Station
6. THIRD PARTIES		Please obtain as much of this information as possible			
6.1	Names & addresses of other drivers and persons involved				
6.2	Are any of them in your employ?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
6.3	Were any of them injured?	Yes	<input type="checkbox"/>	If "Yes", please give full details	
		No	<input type="checkbox"/>		
6.4	Give make & Registration numbers of all other vehicles involved				
6.5	Give names of their Insurers and Certificate or Policy number				
6.6	Give details of any damage caused to vehicle and/or property				
6.7	Please give details of any claims	Made against you		To be made by you	
Third Party Instructions (Important)		If any claim is made against you either verbally or in writing, or you are advised at any time of an Intended Prosecution, Inquest or Inquiry, notify this office immediately and forward all documents received. DO NOT ADMIT LIABILITY			
6.8	(Please read your policy, especially the policy conditions)				
DECLARATION	I/We declare to the best of my/our knowledge and belief that the foregoing particulars are true and correct, and I/we undertake to render Credsure Insurance Company every assistance in my/our power in dealing with this matter. I/we also declare that there is no other insurance under which a claim can be made in respect of the accident or loss, and that the said vehicle is my/our property.				

Witnessed by - name	Signature
Address	Signature of driver

SKETCH OF THE ACCIDENT SCENE

PLEASE NOTE: A rough sketch, usually drawn by the driver is of considerable assistance. It may, however be drawn under his/her direction in certain circumstances.

Please include: names, directions, road signs and markings, all vehicles and objects (identified), any measurements taken or estimated, tracks of vehicles, skids, debris and points of impact.

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Indicate North if certain

Sketch drawn by:	Print Name & Initials	Signature
Witnessed by:	Date:	