

Motor Vehicle Claim

1. Claim

Claim Number

Name of Insured

Policy Number

Excess on Policy

Postal Address

Contact Numbers

Date of Loss

Time of Loss

Vehicle Involved

2. Driver Details

Name of Driver

Years of Experience

Date of Birth

Driver's License No

Postal Address

Contact Numbers

Did the driver consume any alcohol in the 12hours prior to the accident?

Yes

No

Has the driver been convicted of driving charge or loss of license in the last 5 years?

Yes

No

Where did Accident Occur

Accident Circumstances

[Empty dotted-line box for Accident Circumstances]

Damages

[Empty dotted-line box for Damages]

Repairer

[Empty dotted-line box for Repairer]

Witnesses

[Empty dotted-line box for Witnesses]

Contact Numbers

[Empty dotted-line box for Contact Numbers]

3. Third Party Details

Name of Third Party

[Empty dotted-line box for Name of Third Party]

Postal Address

[Empty dotted-line box for Postal Address]

Contact Numbers

[Empty dotted-line box for Contact Numbers]

Vehicle Registration

[Empty dotted-line box for Vehicle Registration]

Damages

[Empty dotted-line box for Damages]

Insurance Company

[Empty dotted-line box for Insurance Company]

Claim Number

[Empty dotted-line box for Claim Number]

Have requested a detailed version of accident and diagram

[Empty dotted-line box for detailed version request]