

## MOTOR ACCIDENT CLAIM FORM

<b>Insured</b>			
Name and Policy No			
Contact person			
Email address			
Phone No			
<b>Vehicle</b>			
Finance Company	Year		Reg:
	Make & Model		
In whose name is the vehicle registered?			
<b>Damage</b>			
Damage to own vehicle			
Estimate for repairs or attach quotation			
Repairer's name, address and telephone number			
<b>Driver</b>			
Full Name			
Address			
Occupation			
Identity Number			
<b>Please attached a copy of the drivers license</b>			
State fully the purpose for which the vehicle was being used			
Was he/she driving with your permission?			
Was he/she in your employ?			
Details of any convictions for motoring offences			
Has licence ever been endorsed?			
Has he/she any physical impairments?			
Details of previous accidents			
<b>Third Party vehicle or property damage</b>			
Name		Telephone number	
Make and Model			
Registration			
Details of damage			

