



FSP Licence number 41198

**MOTOR ACCIDENT CLAIM FORM**  
(Delete sections not applicable)

		POLICY NUMBER:			
INSURED	Name & Occupation				
	Identity number:				
	Address and (day) phone no.				
VEHICLE		Make	Model & Year	Reg. No	Kilometres completed
	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Co.	Value	Cubic capacity	Date Purchased	Price paid
	In whose name is the vehicle registered?				
DAMAGE	Damage to own vehicle				
	Estimate for repairs or attach quotation				
	Repairer's name, address and telephone number				
	Where can your damaged vehicle be inspected?				
DRIVER	Full name				
	Address				
	Occupation				
	Identity Number				
	Driving Licence	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?				
	Is he/she owner of another vehicle? If yes, give name of Insurer and policy number				
	Details of any convictions for motoring offences				
	Has licence ever been endorsed?				
	Has he/she any physical defects?				
Details of previous accidents					
PASSENGERS (Insured Vehicle)	PASSENGERS IN INSURED VEHICLE	Name		Address	Injury
	For what purpose were they carried?				
	Are they employees?				
OTHER PARTY	OTHER VEHICLES	Registration No.	Make	Name & Address of Owner & Driver	Details of damage
	PROPERTY OTHER THAN VEHICLES	Name and address of Owner			Details of damage
PERSONAL INJURIES (OTHER THAN INSURED)	Name of Insured	Relationship to accident e.g. Driver, Passenger etc	Details of Injuries	Name of Hospital if applicable.	

	VEHICLES)				
<b>WITNESSES</b>	Name, address and Phone no				
	Name, address and Phone no				
<b>ACCIDENT</b>	Date, Time, Place				
	Speed				
	a) weather conditions b) visibility	a)			b)
	a) which vehicle light 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 Accident		Police station and reference number	
	Was driver tested for Alcohol or drugs?				
	DESCRIPTION OF ACCIDENT				
	SKETCH OF ACCIDENT (if completing via e-mail, please use separate page for sketch)	Please show clearly the point of impact and indicate the director of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.			
	<b>LICENCE INSPECTED</b>	I have inspected the driver's licence and it is free of endorsements / endorsed as shown. Please attach copies of drivers licence and page 1 of driver's identity document.		Signature..... Capacity .....	
<b>DECLARATION</b>	We hereby declare the foregoing particulars to be true in ever respect.				
	Signature of Driver .....				
Signature of Insured ..... Capacity..... Date .....					
NB 1 IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. NB 2 ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPARATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY.					

