



FSP Licence number 41198

MOTOR 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		
	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)				
WITNESSES	Name, address and Phone no				
	Name, address and Phone no				
ACCIDENT	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.			
	LICENCE INSPECTED	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	
DECLARATION	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.					

