



MOTOR VEHICLE CLAIM FORM

FOR OFFICE USE ONLY

CLAIM NO.: ESTIMATES : O.D. RS.
Head Office : M.D.T.P RS.
Agent : B.I.T.P RS.

ALL QUESTIONS MUST BE ANSWERED FULLY, TICKS AND DASHES MUST BE AVOIDED. THIS CLAIM FORM WHEN COMPLETED SHOULD BE RETURNED TO THE COMPANY WITHOUT DELAY. FOR YES/NO QUESTIONS CROSS OUT WHICHEVER IS NOT APPLICABLE.

VAT STATUS

Zero Rated	
Exempt	
Not Registered	
Registered	
Reg. No.....	

1. INSURED

(a) Policyholder(s) (b) Occupation.....
(c) Home Address (d) Tel No.
(e) Business Address (f) Tel No.
(g) Fax No.
(h) E-mail.....

2. INSURED'S VEHICLE

(a) Reg. No (b) Make (c) HP/CC

3. For what purpose was the vehicle being used at the time of the loss/damage? (Business, Pleasure, Private, On Hire, Racing, Testing, Repairing, Transport of Goods (cross out whichever is not applicable). Any other use:-

.....
If the vehicle was being used for the fulfilment/completion of an agreement or contract, give full details.
.....
.....

4. Was the vehicle towing a trailer or some other disabled vehicle? Yes/No

If yes, give details
.....

5. Has any person or firm any financial interest in your vehicle? Yes/No

If yes, give details
.....

Reserved for office use

Liability Scales: Insured:%. Third Party:%
Section No Case No.:
Attendant Circumstance No.:
Signature

6. **PERSON DRIVING/IN CHARGE OF VEHICLE AT THE TIME OF LOSS/DAMAGE**

(a) Name (b) Occupation
(c) Address (d) Tel No
(e) Age years old (f) Driving Experience (g) Licence No
(h) E-mail address (i) Relationship to the policyholder

7. Had he/she the permission to drive your vehicle? Yes/No

If no, how was it in his/her custody?

8. Was he/she according to our licensing laws and regulations, authorised to drive your vehicle? Yes/No

9. Was he/she affected by or under the influence of alcoholic liquors or drugs or insanity? Yes/No

10. Has he/she been subject to any alcohol or drugs test (either blood or urine or breath) in connection with this accident?

Yes/No

11. What was the result of the test?

12. Is he/she entitled to indemnity under any policy? Yes/No

13. Did he/she suffer from any physical defect or infirmity? Yes/No

If yes, give full details

14. Did he/she report the accident to a Police Station? Yes/No If yes state what station

If no, give reason for not reporting

15. In your opinion who is responsible for the accident? (Tick whichever is applicable or fill in)

(a) Driver of my/our vehicle ☐ (b) Driver of vehicle Reg.No ☐

(c)

16. **LOSS/DAMAGE/ACCIDENT**

(a) Occurred on (b) Time (c) Place

17. Was the vehicle always on the left hand side of the road? Yes/No

If not, state why?

18. What was the state of the road?

19. What were the weather conditions?



20. What was the approximate speed of your vehicle?

(a) just before the driver began to brake / tried to avoid the accident?

(b) at the moment of the impact?

21. Give the approximate distance when the driver applied the brakes and/or the length of the traces left on the road by the tyres of your vehicle?

22. MATERIAL DAMAGE

PARTICULARS OF DAMAGE TO:			
INSURED VEHICLE		OTHER VEHICLES AND/OR PROPERTY	
Show parts damage FRONT REAR  <i>Description of damage</i>		Show parts damage FRONT REAR  <i>Description of damage</i>	
REPAIRER:		REPAIRER:	

23. HOW EXACTLY DID THE LOSS/DAMAGE/ACCIDENT OCCUR?

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.....

.....

.....

24. ROUGH PLAN OF ACCIDENT

Please show names and approximate width of roads and indicate tracts of vehicle(s).

25. (a) **THIRD PARTIES' VEHICLES AND/OR OTHER PROPERTIES**

(a) Names and addresses of third parties	(b) Reg. Nos of Vehicle/ details of other property	(c) Particulars of damage	(d) INSURERS

(b) Name and Address of the driver of the third parties' vehicles

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26. **PARTICULARS OF PASSENGERS OF YOUR VEHICLE** (State if passenger was in your employment)

NAMES AND ADDRESSES	RELATION TO YOU OR YOUR DRIVER

27. **PARTICULARS OF INDEPENDENT WITNESSES** Whether personally known to you or not

.....

.....

28. **PARTICULARS OF INJURED PERSON(S)**

NAME AND ADDRESS		NATURE OF INJURY	HOSPITAL/CLINIC
A	PASSENGER OF YOUR VEHICLE		
B	PASSENGER OF THIRD PARTY VEHICLE		
C	OTHER THIRD PARTIES		

I/We declare the foregoing particulars to be true and correct to the best of my / our knowledge and belief and I/We am/are FULLY AWARE OF THE TERMS AND CONDITIONS of my/our policy of insurance in connection with the notification and settlement of claims and that **concealment and non-disclosure of any information may render this claim null and void**. I/We undertake to render every assistance in my/our power in dealing with and settling the present matter.

..... DATE SIGNATURE (DRIVER) SIGNATURE (INSURED)

ALL DOCUMENTS IN THE POSSESSION OF THE INSURED CONCERNING THIS CLAIM SHOULD IMMEDIATELY BE HANDED OVER TO THE COMPANY