

## MOTOR ACCIDENT CLAIM FORM

**INSURED** Name.....Policy Number.....  
Business/Home Address.....Telephone Number.....  
.....Facsimile Number.....

**MOTOR** Make and Model.....Year.....

**VEHICLE** Registration Number.....Mileage.....

**DETAILS** Name of Driver.....Date of Birth.....

Address of Driver.....

Driver's Licence Number.....Date of issue.....Classes.....  
( Note - A photocopy of the Drivers must be submitted with claim form)

Endorsements (if any).....Reason for Endorsement.....

For what purpose was the vehicle being used?.....

**TIME AND** Date of Accident.....Time.....

**PLACE OF** Describe weather conditions.....

**ACCIDENT** Where did the accident happen?.....

Describe roadway and its condition.....

Contact Person.....Cell Number.....

**DESCRIPTION** Who authorised the use of the vehicle?.....

**OF** Direction your vehicle was going.....

**ACCIDENT** What side of the road?.....What was your speed?.....

If you collided with another vehicle what direction was it travelling in?.....

.....What was the condition of your brakes?.....

Did the Police attend?.....Which Station attended?.....

If the Police did not attend have you reported the accident to the Police and if so  
which Station?.....What is the TAB Number.....

## Details of Persons in your vehicle -

Name	Address	Age	Relationship
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

PERSONS INJURED	Name	Address	Extent of Injuries
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**DAMAGE TO** Name of Owner.....

**PROPERTY** Address.....

**OF OTHERS** Kind of Property and Extent of Damage?.....

If a Motor vehicle what type?.....Registration No.....

Does he/she have insurance?.....With whom?.....

**NAMES AND** Whenever possible please obtain names and addresses of witnesses, bystanders or

**ADDRESSES** persons in the immediate vicinity who may have seen the accident or heard

**OF** statements made by any of the persons involved

**WITNESSES** Names Address

**(IMPORTANT)** .....

**DAMAGE TO** Parts damaged and extent.....

**YOUR** Who caused the damage?.....

**VEHICLE** Address of person who caused the damage.....

Is the person insured?.....Name of Insurer?.....

Where can the vehicle be seen?.....

**DRIVER'S** Driver's statement of what happened is as follows -

**ACCOUNT OF** .....

**ACCIDENT** .....

**OR LOSS** .....

I declare the above statement to be true and correct to the best of my knowledge and belief.

Date\_\_\_\_\_ Signature of Driver\_\_\_\_\_

**DIAGRAM OF**

**ACCIDENT**

↑  
**NORTH**

**Give Street Names, Direction and Location of Objects concerned**

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**STATEMENT** I/We declare the above particulars to be correct and that I have not withheld any  
material information which would affect the acceptance of my/our claim by the  
**BY** Insurers

**INSURED**

Date\_\_\_\_\_

Signature of Insured\_\_\_\_\_

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