

MOTOR ACCIDENT CLAIM FORM

POLICYHOLDER DETAILS

Insurer	Mutual and Federal Risk Financing Limited.		
Insured		Policy Number	
Cell		Tel Number	

BROKER DETAILS

Broker Name		E-mail	
Cell		Tel Number	

DETAILS OF LOSS /DAMAGE

Make & Model		Year	
Registration Number		Purchase Price	
		Purchase Date	

ANTI THEFT DEVICES

Make of device		Fitted by		Date Fitted	
Details of Window markings		Applied by Whom		Number	

FINANCING DETAILS

Finance Company	Branch	Type of Agreement	Account Number	Amount

DAMAGE

Damage to Own Vehicle		Estimates for Repair (Attach Quotations)
Repairer's Name		Tel Number
Repairer's Address		
State where can the vehicle be inspected		

POLICE

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	

DRIVER DETAILS

Full Name		Identity Number	
Tel Number		E-mail	
Occupation		Street Address	
Driver's Licence Details	Code	Place of Issue	Date of Issue
State the Purpose for which the Vehicle was being used			
Was He/She driving with your permission			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is He/ She in your employ			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is He/She owner of another vehicle			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide Name of Insurer and Policy Number			
Details of any convictions for motoring offences			
Has license ever been endorsed			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has He/She any Physical Defects (If Yes Please State)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Previous accidents			

PASSENGER DETAILS

Were there any Passengers in the Insured Vehicle, If so Please state their name, Address and Telephone Number below

Name	Address	Tel Number
Are they Employees		Yes <input type="checkbox"/> No <input type="checkbox"/>
For what purposes where they being transported		

WITNESSES DETAILS

Name	Address	Tel Number

OTHER PARTY DETAILS

Reg No.	Make & Model	Name & Address of Owner & Driver	Damage Details
Damage to Property other than Vehicles (Indicate)			

Other Party Details

Name of Owner	Address		Tel No
Name of Injured	Relationship to Accident (e.g. Passenger, Driver)	Details of Injuries	Name of Hospital

ACCIDENT DETAILS

Date, Time & Place of Accident				
Speed before accident (KPH)		Speed at Moment of Impact (KPH)		
Weather Conditions at time of accident		Visibility		
Road Surface		Width of Road		
State which Vehicle lights were on		Condition of Street Lighting		
Was any warning given by you (e.g. Hooter)		Was Driver/s tested For Alcohol or drugs		
Description of Accident				
Was a load being transported at the time of the accident?			Yes	No
If yes, what was the commodity?				

SKETCH OF ACCIDENT
(If necessary use a separate page)

Please indicate clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs or warning signs in vicinity of scene of accident.

LICENCE INSPECTION

I have inspected the Driver's License and it is free of Endorsements/Endorsed as shown

Signature

Capacity of Signatory:
(Please attach copy of Driver's License)

Declaration

I hereby declare the foregoing particulars to be true in every respect.

Signed at: _____ Date: _____

Full Name: _____

Signature