

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 in	nspected		

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 Det	nile	Code		Place of Iss	110	Data	of Issue	
				Flace of iss	ue	Date	oi issue	
State the Purpose for								
Was He/She driving	with yo	ur permissi	on			,	Yes	No
Is He/ She in your er	nploy						Yes	No
Is He/She owner of a	nother	vehicle					Yes	No
If Yes, provide Name	of Insu	irer and Pol	icy Number					
Details of any convic	tions fc	or motoring	offences					
Has license ever bee	n endc	orsed				,	Yes	No
Has He/She any Physical Defects (If Yes Please State)					,	Yes	No	
Details of Previous a	cciden	ts					'	

PASSENGER DETAILS

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

Name	Name Address			Tel Number			
Are they Employees		Yes		No			
For what purposes where the	being transported						

WITNESSES DETAILS

Name	Address	Tel Number



OTHER PARTY DETAILS

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

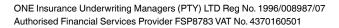
Other Party Details

Name of Owner	A	Tel No	
	Relationship to Accident		
Name of Injured	(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)	
LICENCE INSPECTION I have inspected the Driver's License a	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 part	culars to be true in every respect.
Signed at:	Date:
Full Name:	
Signature	

