

CLAIM FORM - MOTOR

IMPORTANT NOTICE

1. No liability is admitted by issue of this form
2. Neither owner nor driver may admit fault or liability for the accident.
3. Do not answer communications about this Accident. Direct these to the insurance Company for Action
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the insurance company MOTOR ACCIDENT

SECTION A: PERSONAL / CORPORATE DETAILS

Insured/Client Name _____ Tel No.: _____

Address _____

Business / Occupation _____

Email _____ Fax No.: _____

Policy Number _____ Expiry date _____

Name of hire purchase or finance company _____

SECTION B: TECHNICAL DETAILS

VEHICLE Make & Model _____ HP / CC _____

Reg. No. of vehicle _____ Carrying Capacity _____

Reg. No. of trailer _____ Carrying Capacity _____

Name and Address of Owner _____

SECTION C: ACCIDENT DETAILS

DAMAGE TO INSURED VEHICLE State briefly apparent damage _____

(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the company an estimate for repairs).

Repairer's name and address _____

Tel. No. _____: Is the vehicle still in use _____

When and where can it be inspected? _____

OTHER VEHICLES INVOLVED Name and address of driver _____

Reg. No. _____

Name of Insurer _____

AND DAMAGED Other property damaged _____

PERSONS INJURED Name and address _____

Relationship to the Insured _____

If Driver or Passenger Reg. No. of vehicle _____

Apparent injuries _____

SECTION C: ACCIDENT DETAILS (continued)

INDEPENDENT	Name _____
WITNESSES	Address _____
PASSENGERS	Name _____ Tel. No.: _____
IN YOUR VEHICLE	Address _____
USE	State the exact purpose for which the vehicle was being used at the time of the accident _____
COMMERCIAL	Description of goods being carried _____
VEHICLES	Name of owner of goods _____ Was a trailer attached? _____ Weight of load on (a) Vehicle _____ (b) Trailer(s) _____
DRIVER	Name _____ Occupation _____ Date of Birth _____ Address _____ Tel. No.: _____ Is he/she employed by you? How long has he been in your service? _____ Was he/she in any way to blame for the accident? _____ Did he/she admit liability? _____ Has he/she had any previous accidents? _____ If so, how many and approximate dates? _____ Does he/she any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates _____ _____ Does he/she hold a full or provisional licence to drive this vehicle? _____ If full, state date when driving test first passed _____ Number _____ Does he/she own a Motor Vehicle? _____ If so, give name and address or insurer _____ Driver's Policy No. _____
ACCIDENT	Date _____ Time _____ (a.m/p.m) Place _____ Type of road surface _____ Visibility _____ Wet or Dry _____ What lights were showing on your vehicle? _____ Estimated speed before accident _____ weather conditions _____ Did the police take particulars _____ if so, give constable's number station _____ To which police station was the accident reported? _____ Attach copy notice of intended prosecution if any _____
PLAN OF ACCIDENT	Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information.

SECTION C: ACCIDENT DETAILS (continued)

STATEMENT

BY DRIVER

Signature of Driver

STATEMENT

BY OWNER

OR INSURED

SECTION D: DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i-ii above

Name: _____

Signature: _____ Date: _____

(If Corporate)

Name: _____

Signature: _____ Designation _____

Company Stamp:

